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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # V60821

DOCUMENT # V69821 (9)  SHORELINE SALES & EQUIPMENT RENTAL INC.  Principal Place of Business Mailing Address  5239 GULF BREEZE PRKWAY GULF BREEZE FL 32561 US  GULF BREEZE FL 32561-8336 US								
		•			<ol> <li>Date Incorporated or Qualified</li> <li>10/05/1992</li> </ol>	·	te of Last R	eport
	Place of Business	2a. Mailing Addres	S		4. FEI Number			plied For
Suite Apt.	t # rde	26     Suite, Apt. #, et	lc .		59-3145127	·····	\$8.75 /	ot Applicable
22	, п (че	27	10.		5. Certificate of Status Desired		φο./ο/ Fee Re	
City & Star	ite	City & State	· · · · · · · · · · · · · · · · · · ·	·····	Election Campaign Financing     Trust Fund Contribution		\$5.00 Added	May Be to Fees
7ŋ) 24	Country 25	Zip	30	ntry	8. This corporation has liability for	intangible t	ax under s	
<u></u>	9. Name and Address of Cur				10. Name and Address of New Re			
LEM	MOND, TERESA R.			81 Name				
	B1 TIDAL BAY DR.			82 Street Add	ress (P.O. Box Number is Not Acceptate	ole)	<del></del>	····
MIL	.TON FL 32561			83			<u></u>	
				63				
				84 City		FL	85 Zip	Code
11. Pursuant	t to the provisions of Sections 607.	0502 and 607.1508, Florida	Statutes, the at	ove-named corp	poration submits this statement for the p		changing it	s registered
	tonictored agent or both, in the St						iniment as	registered 1
agent 1a	arn fumiliar with, and accept the ob	tate of Florida. Such change bligations of, Section 607.05	05, Florida Stat	o by the corpora utes.	tion's board of directors. I hereby accep	ht tue abbo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
agent La SIGNATURE			aron de	and		12919	フ	
SIGNATURE	Teresp Lamond -	President agent and title if applicable.	(NOTE: Registered	o by the corpora utes. Agent signature requi	ired when reinstating)	129/9 DATE	7	
	Teresp Lamond -		(NOTE: Registered	Agent signature requi	4.	DATE DERS AND	7	
SIGNATURE	Teresp Lemond - Signer of registered OFFICERS	President pagent and title II applicable. AND DIRECTORS	(NOTE Registered	Agent signature requi	ired when reinstating)	DATE DERS AND	<b>7</b>	RS IN 12
SIGNATURE  12. Title	D LEMOND, TERRELL 6581 TIDAL BAY DR.	President pagent and title II applicable. AND DIRECTORS	(NOTE Registered 13.) TE 1.1 III	Agent signature requi	ired when reinstating)	DATE DERS AND	<b>7</b>	RS IN 12
SIGNATURE.  12. THEE	Teresa Lemond - Superior type de profesione et regulater OFFICERS  D LEMOND, TERRELL 6581 TIDAL BAY DR. MILTON FL	agent and till: If application  AND DIRECTORS  DELE	(NOTE Registare: 13. TE 1.1 II 1.2 No. 1.3 ST 1.4 CI	Agent signature requi	ired when reinstating)	DATE CERS AND	DIRECTOR Change	RS IN 12
SIGNATURE.  12. THE NAME SHEEL ADDRESS CITY-ST-ZIP THEE	Teresa Lemond - Superior type des profest name et registrate OFFICERS  D LEMOND, TERRELL 6581 TIDAL BAY DR. MILTON FL D	President pagent and title II applicable. AND DIRECTORS	(NOTE Registered)  13. TE 1.1 II 1.2 N/ 1.3 SI 1.4 CI TE 2.1 TI	Agent agnature required to the second to the	ired when reinstating)	DATE CERS AND	<b>7</b>	RS IN 12
SIGNATURE  12. THE NAME SHEEL ADDRESS CHY-ST-ZIP THE NAME	D LEMOND, TERRELL 6581 TIDAL BAY DR. MILTON FL D LEMOND, TERRESA	agent and till: If application  AND DIRECTORS  DELE	(NOTE Registare)  13. TE 1.1 II  1.2 N/ 1.3 ST  1.4 CI  IE 2.1 TI  2.2 N/	Agent signature requires LE ME REET ADDRESS IY-ST-2IP LE ME	ired when reinstating)	DATE CERS AND	DIRECTOR Change	RS IN 12
SIGNATURE  12. TRUE NAME SUBJET ACCRESS CITY-ST-ZIP TRUE NAME SUBJET ACCRESS	D LEMOND, TERRELL 6581 TIDAL BAY DR. MILTON FL D LEMOND, TERRESA 6581 TIDAL BAY DR.	agent and till: If application  AND DIRECTORS  DELE	(NOTE Registare)  13. TE 1.1 III 1.2 NJ 1.3 ST 1.4 CI 1E 2.1 IV 2.2 NJ 2.3 ST	Agent agrature require LE ME REET ADDRESS IY-ST-2IP LE ME REET ADDRESS	ired when reinstating)	DATE CERS AND	DIRECTOR Change	RS IN 12
SIGNATURE  12. TRUE NAME SUBJET ACCRESS CITY-ST-ZIP TRUE NAME SUBJET ACCRESS CITY-ST-ZIP	D LEMOND, TERRELL 6581 TIDAL BAY DR. MILTON FL D LEMOND, TERRESA	AND DIRECTORS  DELE	(NOTE Registared) 13. TE 1.1 III 1.2 NJ 1.3 ST 1.4 CI 1E 2.1 III 2.2 NJ 2.3 ST 2.4 C	Agent agrature required to the second	ired when reinstating)	DAYE DERS AND	DIRECTOR Change Change	RS IN 12 Addition Addition
SIGNATURE  12. THEE NAME SPECIAL ACCRECAS CITY-ST-ZIP THEE NAME STREET ACCRESS	D LEMOND, TERRELL 6581 TIDAL BAY DR. MILTON FL D LEMOND, TERRESA 6581 TIDAL BAY DR.	agent and till: If application  AND DIRECTORS  DELE	(NOTE Registore:  13.  TE 1.1 tr  1.2 N/  1.3 ST  1.4 Cr  TE 2.1 Tr  2.2 N/  2.3 ST  2.4 Cr	Agent agrature require LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE TY-ST-ZIP LE	ired when reinstating)	DAYE DERS AND	DIRECTOR Change	RS IN 12
SIGNATURE  12. THUE NAME SUBJECT ADDRESS CITY-ST-ZIP THUE NAME SUBJECT ADDRESS CITY-ST-ZIP HITTE	D LEMOND, TERRELL 6581 TIDAL BAY DR. MILTON FL D LEMOND, TERRESA 6581 TIDAL BAY DR.	AND DIRECTORS  DELE	(NOTE Registare)  13. TE 1.1 III 1.2 N/ 1.3 ST 1.4 CI 1E 2.1 III 2.2 N/ 2.3 ST 2.4 C TE 3.1 III 3.2 N/	Agent agrature require LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE TY-ST-ZIP LE	ired when reinstating)	DAYE DERS AND	DIRECTOR Change Change	RS IN 12 Addition Addition
SIGNATURE  12. THEE NAME SHEEL ADDRESS CHY-ST-ZIP THEE NAME SHEEL ACCHESS CHY-ST-ZIP HEE NAME	D LEMOND, TERRELL 6581 TIDAL BAY DR. MILTON FL D LEMOND, TERRESA 6581 TIDAL BAY DR.	AND DIRECTORS  DELE	(NOTE Registered  13. TE 1.1 III 1.2 NV 1.3 ST 1.4 CI 1.2 1 TI 2.2 NV 2.3 ST 2.4 C TE 3.1 TII 3.2 NF 3.3 ST	Agent agrature require Repair Address Pry-ST-ZIP LE ME ME REET ADDRESS LY-ST-ZIP LE ME REET ADDRESS LY-ST-ZIP LE ME ME ME ME ME ME ME	ired when reinstating)	DAYE DERS AND	DIRECTOR Change Change	RS IN 12 Addition Addition
SIGNATURE  12. THE NAME SIGHT ADDRESS CITY-ST-ZIP THE NAME STOLET ADDRESS CITY-ST-ZIP HUE NAME STREET ADDRESS	D LEMOND, TERRELL 6581 TIDAL BAY DR. MILTON FL D LEMOND, TERRESA 6581 TIDAL BAY DR.	AND DIRECTORS  DELE	(NOTE Registrate  13.  TE 1.1 tr 1.2 N/ 1.3 ST 1.4 Ct TE 2.1 Tr 2.2 N/ 2.3 ST 2.4 C TE 3.1 Tr 3.2 N/ 3.3 ST 3.4 C	Agoni agrature require require require require require requirement of the recommendation	ired when reinstating)	DAYE CERS AND	DIRECTOR Change Change	RS IN 12 Addition Addition
SIGNATURE  12. THEE NAME SPECIATIONERS CITY-ST-ZIP THEE NAME STREET ACCHESS CITY-ST-ZIP HUE NAME STREET ACCHESS CITY-ST-ZIP	D LEMOND, TERRELL 6581 TIDAL BAY DR. MILTON FL D LEMOND, TERRESA 6581 TIDAL BAY DR.	DELE	(NOTE Registrate  13.  TE 1.1 tr 1.2 N/ 1.3 ST 1.4 Ct TE 2.1 Tr 2.2 N/ 2.3 ST 2.4 C TE 3.1 Tr 3.2 N/ 3.3 ST 3.4 C	I Agoni egnature requi	ired when reinstating)	DAYE CERS AND	DIRECTOR Change Change	Addition  Addition
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SIGNATURE  12. THUE NAME SOBLET ASSORTS CITY-ST-ZIP THUE NAME STREET ASSORTS CITY-ST-ZIP HUE NAME STREET ASSORTS CITY-ST-ZIP HUE NAME STREET ASSORTS CITY-ST-ZIP HUE NAME STREET ASSORTS CITY-ST-ZIP STREET ASSORTS CITY-ST-ZIP	D LEMOND, TERRELL 6581 TIDAL BAY DR. MILTON FL D LEMOND, TERRESA 6581 TIDAL BAY DR. MILTON FL D LEMOND, TERESA 6581 TIDAL BAY DR. MILTON FL	DELE	(NOTE Registered  13.  TE 1.1 III  1.2 N/  1.3 SI  1.4 CI  12 2.1 II  2.2 N/  2.3 SI  2.4 C  TE 3.1 III  3.2 N/  3.3 SI  4.2 N/  4.3 SI  4.2 N/  4.3 SI  4.4 CI	I Agoni egnature requi	ired when reinstating)	DATE CERS AND	DIRECTOR Change Change Change	Addition  Addition  Addition
SIGNATURE  12. THUE NAME SOBILITATION SOBILITATION THE NAME SUBJET ACCORESS CHY-ST ZIP HILE NAME STREET ACCORESS CHY-ST ZIP HILE NAME	D LEMOND, TERRELL 6581 TIDAL BAY DR. MILTON FL D LEMOND, TERRESA 6581 TIDAL BAY DR. MILTON FL D LEMOND, TERESA 6581 TIDAL BAY DR. MILTON FL	DELE	(NOTE Registered  13.  TE 1.1 III  1.2 N/  1.3 ST  1.4 CI  12 2.1 II  2.2 N/  2.3 ST  2.4 C  TE 3.1 III  3.2 N/  3.3 ST  3.4 C  TE 4.1 III  4.2 N/  4.2 ST  4.4 CI  TE 5.1 TI	I Agoni egnature requi	ired when reinstating)	DATE CERS AND	DIRECTOR Change Change	Addition  Addition
SIGNATURE  12. THUE NAME SOBIET ASSORES CITY-ST-ZIP THUE NAME SUBJET ACCORESS CITY-ST-ZIP HUE NAME	Teresa Lemond - Signaria de prodes parte el registrate OFFICERS  D LEMOND, TERRELL 6581 TIDAL BAY DR. MILTON FL  D LEMOND, TERESA 6581 TIDAL BAY DR. MILTON FL  MILTON FL	DELE	(NOTE Registered  13.  TE 1.1 III  1.2 N/  1.3 ST  1.4 CI  1.2 1 Ti  2.2 N/  2.3 ST  2.4 C  TE 3.1 Ti  3.2 N/  3.3 ST  3.4 C  TE 4.1 Ti  4.2 N  4.3 ST  4.4 Ci  TE 5.1 Ti  5.2 N/	Agent agnature requi	ired when reinstating)	DATE CERS AND	DIRECTOR Change Change Change	Addition  Addition  Addition
SIGNATURE  12. TRUE NAME SOBILI ADDRESS CITY-ST-ZIP TITLE NAME SUBJET ACCRESS CITY-ST-ZIP HILE NAME SUBJET ACCRESS CITY-ST-ZIP HILE NAME SUBJET ACCRESS CITY-ST-ZIP TITLE NAME SUBJET ACCRESS CITY-ST-ZIP TITLE NAME SUBJET ACCRESS CITY-ST-ZIP TITLE NAME SUBJET ACCRESS SUBJET ACCRESS SUBJET ACCRESS SUBJET ACCRESS	Teresa Lemond - Signaria de prodes parte el registrate OFFICERS  D LEMOND, TERRELL 6581 TIDAL BAY DR. MILTON FL  D LEMOND, TERESA 6581 TIDAL BAY DR. MILTON FL  MILTON FL	DELE	(NOTE Registree  13.  TE 1.1 III  1.2 N/  1.3 SI  1.4 CI  1.2 TE 2.1 TI  2.2 N/  2.3 SI  2.4 C  TE 3.1 TI  3.2 N/  4.2 N/  4.2 N/  4.3 SI  4.4 CI  TE 5.1 TI  5.2 N/  5.3 SI	A Agent a grature requi	ired when reinstating)	DATE CERS AND	DIRECTOR Change Change Change	Addition  Addition  Addition
SIGNATURE  12. TRUE NAME SOBILI ADDRESS CITY-ST-ZIP TITE NAME SUBJET ACCORESS CITY-ST-ZIP HITE NAME SUBJET ACCORESS CITY-ST-ZIP NAME SUBJET ACCORESS CITY-ST-ZIP	Teresa Lemond - Signaria de prodes parte el registrate OFFICERS  D LEMOND, TERRELL 6581 TIDAL BAY DR. MILTON FL  D LEMOND, TERESA 6581 TIDAL BAY DR. MILTON FL  MILTON FL	DELE	(NOTE Registered  13.  TE 1.1 III  1.2 N/  1.3 ST  1.4 CI  12 2.1 TI  2.2 N/  2.3 ST  2.4 C  TE 3.1 TII  3.2 N/  3.3 ST  3.4 C  TE 4.1 TII  4.2 N  4.3 ST  4.4 CI  TE 5.1 TI  5.2 N/  5.3 ST	A Agent a grature requi	ired when reinstating)	DAYE DERS AND	DIRECTOR Change Change Change Change	Addition  Addition  Addition
SIGNATURE  12. TRUE NAME SOBILLADOREGS CITY-ST-ZIP TITLE NAME SUBJET ACCRESS CITY-ST-ZIP HUE NAME STREET ACCRESS CITY-ST-ZIP TITLE	Teresa Lemond - Signaria de prodes parte el registrate OFFICERS  D LEMOND, TERRELL 6581 TIDAL BAY DR. MILTON FL  D LEMOND, TERESA 6581 TIDAL BAY DR. MILTON FL  MILTON FL	DELE	(NOTE Registree  13.  TE 1.1 III  1.2 N/  1.3 SI  1.4 CI  1.2 1 Ti  2.2 N/  2.3 SI  2.4 C  TE 3.1 TI  3.2 N/  4.2 N/  4.2 N/  4.2 N/  4.3 SI  4.4 CI  TE 5.1 TI  5.2 N/  5.3 SI  5.4 CI  TE 6.1 TI	A Agent eignature requi	ired when reinstating)	DAYE DERS AND	DIRECTOR Change Change Change	Addition  Addition  Addition  Addition
SIGNATURE  12. TRUE NAME SOBILI ADDRESS CITY-ST-ZIP TITE NAME SUBJET ACCORESS CITY-ST-ZIP HITE NAME SUBJET ACCORESS CITY-ST-ZIP NAME SUBJET ACCORESS CITY-ST-ZIP	Teresa Lemond - Sign of the type deep profess range of registers  D LEMOND, TERRELL 6581 TIDAL BAY DR. MILTON FL  D LEMOND, TERESA 6581 TIDAL BAY DR. MILTON FL	DELE	(NOTE Registree  13.  TE 1.1 III  1.2 N/  1.3 SI  1.4 CI  12.1 Ti  2.2 N/  2.3 SI  2.4 C  TE 3.1 TI  3.2 N/  3.3 SI  3.4 C  TE 4.1 TI  4.2 N/  4.3 SI  4.4 CI  TE 5.1 TI  5.2 N/  5.3 SI  5.4 CI  TE 6.1 TI  6.2 N/	A Agent eignature requi	ired when reinstating)	DAYE DERS AND	DIRECTOR Change Change Change Change	Addition  Addition  Addition  Addition

14. I do nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Teresa Hemond Signature and Typed on Printed Name of Signing

4/29/97

(904)932-7368

**FILED** 

May 07 1997 8:00am

Secretary of State

0400079