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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90118 031 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 413112

1. Corporation Name

SHORE LINE DEVELOPERS OF FLORIDA, INC

Principal Place of Business

Mailing Address

909 E. CERVANTES STREET
SUITE A
PENSACOLA FL 32501-3213

909 E. CERVANTES STREET
SUITE A
PENSACOLA FL 32501-3213

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1972

4. FEI Number

59-2757296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1610 Barrancas Ave
Suite, Apt. #, etc.

26 1610 Barrancas Ave
Suite, Apt. #, etc.

22

27

City & State

City & State

23 Pensacola FL

28 Pensacola FL

Zip

Country

Zip

Country

24 32501

25

29 32501

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIBERIS, CHARLES S.
909 E. CERVANTES STREET
SUITE A
PENSACOLA FL 32501-3213

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 1610 Barrancas Ave

84

City Pensacola

FL

85 Zip Code

32501

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
LIBERIS, CHARLES S.
STREET ADDRESS 909 E. CERVANTES ST., #A
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME VD
GLOVER, ROBERT
STREET ADDRESS 909 E. CERVANTES ST., #A
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME ST
SIKES, JOAN
STREET ADDRESS 809 E CERVANTES ST A
CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1610 Barrancas Ave
1.4 CITY-ST-ZIP 32501

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 3990 Bay Pointe Drive
2.4 CITY-ST-ZIP Gulf Breeze FL 32561

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 3072 US Hwy 90 East
3.4 CITY-ST-ZIP Crestview FL 32539

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

Charles S. Liberis SIGNATURE REQUIRED
Charles S. Liberis, President 4/28/99 850438 9647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)