FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **557203** **(7)**

1. Corporation Name

FOREST SHORES UTILITIES, INC.

Principal Place of Business

6138 E. HWY 98
PANAMA CITY FL 32404

Mailing Address

6138 E. HWY 98
PANAMA CITY FL 32404

3. Date Incorporated or Qualified: **01/12/1978**

3a. Date of Last Report: **02/06/1995**

4. FEI Number: **59-1799400** ☐ 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 has paid for intangible tax under s. 193.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21
22 Suite, Apt. #, etc.
23 City, State
24 Zip 25 County

2a. Mailing Address

26
27 Suite, Apt. #, etc.
28 City, State
29 Zip 30 County

9. Name and Address of Current Registered Agent

CREWS, JAMES H
6138 E. HWY. 98
PANAMA CITY FL 32404

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is N.A. Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1905 or 617.1905, 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. The above-named corporation authorizes the undersigned to execute this statement. Having been named to accept service of process for the above-named corporation, I am familiar with and accept the obligations of Section 607.0505 or 617.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CREWS, JAMES H.
STREET ADDRESS 6138 E. HWY 98
CITY-ST-ZIP PANAMA CITY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE
1 NAME
1 STREET ADDRESS
1 CITY-ST-ZIP
☐ Change ☐ Addition

2 TITLE
2 NAME
2 STREET ADDRESS
2 CITY-ST-ZIP
☐ Change ☐ Addition

3 TITLE
3 NAME
3 STREET ADDRESS
3 CITY-ST-ZIP
☐ Change ☐ Addition

4 TITLE
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP
☐ Change ☐ Addition

5 TITLE
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP
☐ Change ☐ Addition

6 TITLE
6 NAME
6 STREET ADDRESS
6 CITY-ST-ZIP
☐ Change ☐ Addition

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 report or supplemental 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 with an address, with respect to the addition or change (type or print).

SIGNATURE: *James H Crews* 3/26/96 (904)871-6111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James H. Crews

CR2E034 (12/95)