

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandia D. Morgan
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUN 30 AM 9: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G26242 (9)
1. Corporation Name

SHORELINE MARINE CONSTRUCTION COMPANY

Principal Place of Business Mailing Address
9806 Detrop Street P O Box 2157
Riverview, Fl. 33569 Riverview, Fl. 33569

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/03/1983 3a. Date of Last Report 01/25/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		28		59-2265368		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Williams, William R. 9806 Detrop Street Riverview, Fl. 33569				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	1.1 TITLE	D/V/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Williams, William R.	1.2 NAME	Williams, William R. Jr.
STREET ADDRESS	9806 Detrop St.	1.3 STREET ADDRESS	9415 Pine Ridge Ave.
CITY- ST- ZIP	Riverview, Fl. 33569	1.4 CITY- ST- ZIP	Riverview, Fl. 33569
TITLE	D/S/T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Linda C.	2.2 NAME	
STREET ADDRESS	9806 Detrop St.	2.3 STREET ADDRESS	200001531002
CITY- ST- ZIP	Riverview, Fl. 33569	2.4 CITY- ST- ZIP	-07/06/95--01064--003
TITLE		3.1 TITLE	***\$225.00 <input checked="" type="checkbox"/> ***\$225.00
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	4/30/95 Nst
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Linda C. Williams* Linda C. Williams June 26, 1995 813-677-5836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date (If not a)