

**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

**FILED**  
Mar 18 1996 8:00 am  
Secretary of State

**DOCUMENT # G26242 (9)**

1. Corporation Name  
**SHORELINE MARINE CONSTRUCTION COMPANY**



Principal Place of Business: **9806 DETROP ST. RIVERVIEW FL 33569**  
Mailing Address: **P.O. BOX 2157 RIVERVIEW FL 33569**

3. Date Incorporated or Qualified: **03/03/1983**      3a. Date of Last Report: **06/30/1995**  
4. FEI Number: **59-2265368**      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 liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 [ ]      2a. Mailing Address: 26 [ ]  
Suite, Apt. #, etc.: 22 [ ]      Suite, Apt. #, etc.: 27 [ ]  
City & State: 23 [ ]      City & State: 28 [ ]  
Zip: 24 [ ]      Country: 25 [ ]      Zip: 29 [ ]      Country: 30 [ ]

9. Name and Address of Current Registered Agent  
**WILLIAMS, WILLIAM R.  
9806 DETROP ST.  
RIVERVIEW FL 33569**

10. Name and Address of New Registered Agent  
81 Name: [ ]  
82 Street Address (P.O. Box Number is Not Acceptable): [ ]  
83 [ ]  
84 City: [ ]      FL 85 Zip Code: [ ]

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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, WILLIAM R	
STREET ADDRESS	9806 DETROP ST.	
CITY - ST - ZIP	RIVERVIEW FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	WILLIAMS, LINDA C.	
STREET ADDRESS	9806 DETROP ST.	
CITY - ST - ZIP	RIVERVIEW FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, WILLIAM R. JR.	
STREET ADDRESS	9415 PINE RIDGE AVE.	
CITY - ST - ZIP	RIVERVIEW FL 33569	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DVP	
13 STREET ADDRESS	Adams, Kenneth	
14 CITY - ST - ZIP	P O Box 1052	
2.1 TITLE	Gibsonton, Fl. 33534	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
4.1 TITLE	600001746386	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	-03/18/96--01050--002	
43 STREET ADDRESS	***200.00	
44 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 Secretary 2-7-96 813-677-5836  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)