

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G93083** (5)

1. Corporation Name  
**SHORES REALTY SERVICES, INC.**



Principal Place of Business: 5336 S.E. MARICAMP RD. OCALA FL 34480 US  
Mailing Address: 5336 S.E. MARICAMP RD. OCALA FL 34480 US

3. Date Incorporated or Qualified: **02/21/1984**  
3a. Date of Last Report: **08/11/1995**  
4. FEI Number: **59-2419127**  
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 (21-24)  
2a. Mailing Address (26-30)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip, 25. Country

9. Name and Address of Current Registered Agent  
**JOHNSON, SHIRLEY ANN  
5336 S.E. MARICAMP ROAD  
OCALA FL 32871**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when changing) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, SHIRLEY ANN	
STREET ADDRESS	5336 S.E. MARICAMP ROAD	
CITY-ST-ZIP	OCALA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	JOHNSON, SHIRLEY ANN	
STREET ADDRESS	5336 S.E. MARICAMP ROAD	
CITY-ST-ZIP	OCALA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LESAGE, PAMELA COTTREL	
STREET ADDRESS	5336 SE MARICAMP ROAD	
CITY-ST-ZIP	OCALA FL	
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. TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Lennox, Johnson Shirley Ann	
3. STREET ADDRESS	5336 S.E. Maricamp Road	
4. CITY-ST-ZIP	Ocala, Fl	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lennox, Johnson Shirley Ann	
2.3 STREET ADDRESS	5336 S.E. Maricamp Road	
2.4 CITY-ST-ZIP	Ocala, Fl	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lennox, Johnson Shirley Ann	
3.3 STREET ADDRESS	5336 S.,E. Maricamp Road	
3.4 CITY-ST-ZIP	Ocala, Fl	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Shirley Ann Johnson Lennox*  
Shirley Ann Johnson Lennox, President

4/22/96 352-624-2121

CR2E034 (12/95)