

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2419127

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

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 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

Signature, typed or printed name of registered agent and the date of signature

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
JOHNSON, SHIRLEY ANN**
STREET ADDRESS **5336 S.E. MARICAMP ROAD**
CITY-STATE-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME **ST
JOHNSON, SHIRLEY ANN**
STREET ADDRESS **5336 S.E. MARICAMP ROAD**
CITY-STATE-ZIP **OCALA FL**

TITLE ☒ DELETE

NAME **VP
LESAGE, PAMELA COTTREL**
STREET ADDRESS **5336 SE MARICAMP ROAD**
CITY-STATE-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

P

**Lennox, Johnson Shirley Ann
5336 S.E. Maricamp Road
Ocala, FL**

ST

**Lennox, Johnson Shirley Ann
5336 S.E. Maricamp Road
Ocala, FL**

VP

**Lennox, Johnson Shirley Ann
5336 S.E. Maricamp Road
Ocala, FL**

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)