FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 18 PM 6:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J34188** **(9)**

1. Corporation Name
NORTH SHORE PROPERTIES, INC.

Principal Place of Business	Mailing Address
223 E. GOVERNMENT ST PENSACOLA FL 32501 US	P.O. BOX 12412 PENSACOLA FL 32582 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/16/1986	04/26/1994

2. Principal Place of Business	2a. Mailing Address
21 31 W. GARDEN ST.	26
Suite, Apt. #, etc. 22 SUITE 101	Suite, Apt. #, etc. 27
City & State 23 PENSACOLA, FL	City & State 28
Zip / Country 24 32501 / 25 ESCAMBIA	Zip / Country 29 / 30

4. FEI Number: 59-2722386 ☐ 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	10. Name and Address of New Registered Agent
WALTON, GARRETT W. 223 E. GOVERNMENT ST PENSACOLA FL 32501	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 31 W. GARDEN ST. SUITE 101 83 84 City: PENSACOLA **FL** 85 Zip Code: 32501

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	1.1 TITLE		☒ Change ☐ Addition
NAME	WALTON, GARRETT W.	1.2 NAME		
STREET ADDRESS	223 E. GOVERNMENT ST	1.3 STREET ADDRESS	31 W. GARDEN ST. SUITE 101	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE	DP	2.1 TITLE		☐ Change ☐ Addition
NAME	PULLUM, WILLIAM A.	2.2 NAME		
STREET ADDRESS	8494 NAVAREE PARKWAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL	2.4 CITY-ST-ZIP		
TITLE	DVP	3.1 TITLE		☐ Change ☐ Addition
NAME	STEPHENSON, GEORGE K.	3.2 NAME		
STREET ADDRESS	8494 NAVARRE PARKWAY	3.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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)(i), 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: X _____ 904-434-5930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GARRETT W. WALTON

0992101 CP