FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (4) DOCUMENT # 1. Corporation Name SHORELINE ELECTRIC, INC. Mailing Address Principal Place of Business 1352 SW 1 ST WAY 1352 SW 1 ST WAY DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 3a. Date of Last Report 3. Date Incorporated or Qualified 12/01/1995 10/08/1986 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0325272 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State Trust Fund Contribution Added to Fees 28 23 B. This corporation has liability for intangible tax under s 199.032, Country Zip Zip Country ☐ Yes ☐ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) GILBERT, DAVID W. 82 **824 NE 4TH ST** 83 **DEERFIELD BEACH FL 33441** Zip Code 85 City 84 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 reinstating) Signature typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition DELETE 1 1 THUE TITLE 1.2 NAME GILBERT, DAVID W. NAME 1.3 STREET ADDRESS **824 NE 4TH ST** STREET ADDRESS **DEERFIELD BEACH FL 33441** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ["] DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 DITY - ST - ZIP CITY - ST - ZIP Change ☐ Addition DELETE 3 1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY - ST - ZIP Addition Change DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5. 1 TOLE TITLE 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS 5.4 City - St - ZIP CiTY-ST-ZIP Addition Change DELETE 6 1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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), Fiorida 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 certify 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. 6.4 CITY - ST-ZIP

SIGNATURE: _

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