**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

DOCUMENT # **K78441** **(8)**

1. Corporation Name
**SHORE-FORM OF FLORIDA, INC.**

Principal Place of Business
**10411 US HWY 41 N**
**P.O. BOX 1676**
**PALMETTO FL 34221-8676**

Mailing Address
**10411 US HWY 41 N**
**P.O. BOX 1676**
**PALMETTO FL 34221-8676**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **04/07/1989**
3a. Date of Last Report: **03/13/1995**
4. FEI Number: **59-2943185** 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 is subject to penalty for intangible tax under s. 199.052 Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**
**GAMBILL, STEPHEN G.**
**716 31ST AVENUE WEST**
**PALMETTO FL 34221**

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 Section 607.0505 and 607.0506, 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

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | D | ☐ DELETE |
| NAME | GAMBILL, STEPHEN G. | |
| STREET ADDRESS | 716 31ST AVENUE WEST | |
| CITY-ST-ZIP | PALMETTO FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|---|
| 1-1 TITLE | ☐ Change ☐ Addition |
| 1-2 NAME | |
| 1-3 STREET ADDRESS | |
| 1-4 CITY-ST-ZIP | |
| 2-1 TITLE | ☐ Change ☐ Addition |
| 2-2 NAME | |
| 2-3 STREET ADDRESS | |
| 2-4 CITY-ST-ZIP | |
| 3-1 TITLE | ☐ Change ☐ Addition |
| 3-2 NAME | |
| 3-3 STREET ADDRESS | |
| 3-4 CITY-ST-ZIP | |
| 4-1 TITLE | ☐ Change ☐ Addition |
| 4-2 NAME | |
| 4-3 STREET ADDRESS | |
| 4-4 CITY-ST-ZIP | |
| 5-1 TITLE | ☐ Change ☐ Addition |
| 5-2 NAME | |
| 5-3 STREET ADDRESS | |
| 5-4 CITY-ST-ZIP | |
| 6-1 TITLE | ☐ Change ☐ Addition |
| 6-2 NAME | |
| 6-3 STREET ADDRESS | |
| 6-4 CITY-ST-ZIP | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this Florida corporation's annual report, including its supplemental report, for the year 1996 is true and accurate. For Section 119.07(5)(a), Florida Statutes, I further certify that the information included on the annual report to supplement the annual report is true and accurate. I hereby certify 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 a receiver or trustee or other person authorized to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is added in an amendment with an address.

**SIGNATURE:** STEVE GAMBILL 1-22-96 (941) 729-6888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone