

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L18657

(1)

1. Corporation Name

SHORE EROSION CONTROL, INC.



Principal Place of Business

Mailing Address

C/O NANCY H. PALMER
2500 JUNIPER PLACE
SARASOTA FL 34239

C/O NANCY H. PALMER
2500 JUNIPER PLACE
SARASOTA FL 34239-4126

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/27/1989

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0158156

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

PALMER, NANCY H.
2500 JUNIPER PLACE
SARASOTA FL 34239

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DAHL, ROBERT E	<input checked="" type="checkbox"/> DELETE
NAME		RR 3, BOX 10	
STREET ADDRESS		LOS FRESNOS TX	
CITY-ST-ZIP			

TITLE	EVP	PALMER, DUANE H	<input type="checkbox"/> DELETE
NAME		2500 JUNIPER PL	
STREET ADDRESS		SARASOTA FL	
CITY-ST-ZIP			

TITLE	VP	HUBBARD, THOM W	<input checked="" type="checkbox"/> DELETE
NAME		2857 MAIDEN LN	
STREET ADDRESS		SARASOTA FL	
CITY-ST-ZIP			

TITLE	STD	PALMER, NANCY H	<input type="checkbox"/> DELETE
NAME		2500 JUNIPER PL	
STREET ADDRESS		SARASOTA FL	
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

1.1 TITLE	PD	Palmer, Jeffrey H	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		641 Hancock Ave.	
1.3 STREET ADDRESS		Sarasota, FL 34232	
1.4 CITY-ST-ZIP			

2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			

3.1 TITLE	VP	Palmer, Richard D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		5853 Country Wood Dr.	
3.3 STREET ADDRESS		SARASOTA, FL 34232	
3.4 CITY-ST-ZIP			

4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			

5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			

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 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: Nancy H. Palmer

4/24/97 941-955-9518

CR2E034 (9/96)