


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

047743

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90127 001 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L18657</b> 1. Corporation Name <b>SHORE EROSION CONTROL, INC.</b>					
Principal Place of Business <b>C/O NANCY H. PALMER 2500 JUNIPER PLACE SARASOTA FL 34239</b>			Mailing Address <b>C/O NANCY H. PALMER 2500 JUNIPER PLACE SARASOTA FL 34239</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified <b>09/27/1989</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FET Number <b>65-0158156</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>PALMER, NANCY H. 2500 JUNIPER PLACE SARASOTA FL 34239</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code <b>FL</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE _____</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>PD</b> <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>PALMER, JEFFERY H</b>			1.2 NAME		
STREET ADDRESS <b>641 HANCOCK AVE</b>			1.3 STREET ADDRESS		
CITY-ST-ZIP <b>SARASOTA FL</b>			1.4 CITY-ST-ZIP		
TITLE <b>EVP</b> <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>PALMER, DUANE H</b>			2.2 NAME		
STREET ADDRESS <b>2500 JUNIPER PL</b>			2.3 STREET ADDRESS		
CITY-ST-ZIP <b>SARASOTA FL</b>			2.4 CITY-ST-ZIP		
TITLE <b>VP</b> <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>PALMER, RICHARD D</b>			3.2 NAME		
STREET ADDRESS <b>5853 COUNTRYWOOD DR</b>			3.3 STREET ADDRESS		
CITY-ST-ZIP <b>SARASOTA FL</b>			3.4 CITY-ST-ZIP		
TITLE <b>STD</b> <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>PALMER, NANCY H</b>			4.2 NAME		
STREET ADDRESS <b>2500 JUNIPER PL</b>			4.3 STREET ADDRESS		
CITY-ST-ZIP <b>SARASOTA FL</b>			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

14. I 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, with all other like empowered.

SIGNATURE: Nancy H. Palmer STD. 4-20-99 941-955-9518  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
NANCY H PALMER

CR2E034 (11/98)