FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Sep 04, 2002 8:00 am Secretary of State DOCUMENT # P01000013650 1. Entity Name 09-04-2002 90091 009 ***550.00 SHORELINE CLASSIC WOOD PRODUCTS INC. Principal Place of Business Mailing Address 2909 ST HWY 80 E 2909 ST HWY 80 E FREEPORT FL 32439 FREEPORT FL 32439 2. Principal Place of Business 3. Mailing Address 1909 State Hay 20C Sa<u>nc</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3695321 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FAISON, LAMAR H SR Street Address (P.O. Box Number is Not Acceptable) 2909 ST HWY 80 E FREEPORT FL 32439 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. ire, typed or printed name of registered (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Wamar H. Faison, 50 TITLE President TITLE ☐ Addition NAME 1909 State Hay 20 C. NAME STREET ADDRESS STREET ADDRESS 41ccport, FL 32439 CITY-ST-ZIP CITY-ST-ZIE Vicu President ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME Jow La Plante Pp. Box 41127 Rosemary Beach, FL 32461 Vice President STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition William D. Coutocy NAME NAME 4490 Hay 79N. New Hope, FL. Vice President STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME Bert Brannon NAME STREET ADDRESS 4754 Co. Hwy 192 De Funiack Springs, FL 32433 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

9/3/02 850.835-7721