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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000015582 (8)

SOUTH SHORES CONSTRUCTION COMPANY, INC.

Principal Place of Business Mailing Address 306 SOUTH GERONIMO ST. 306 SOUTH GERONIMO ST. DESTIN FL 32540 **DESTIN FL 32541-4084** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/01/1993 02/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3170509 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 6. This corporation has liability for intangible tax under s. 199.032. 30 Yes No 25 29 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **NESIUS, RICK** 3 COOSA CT. **B2** Street Address (P.O. Box Number is Not Acceptable) **DESTIN FL 32541** 83 84 City Zip Code 11. Pursuant to the previsions 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, type dior printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE Change THLE 1.1 TITLE **NESIUS, RICK** NAME 1.2 NAME 3 COOSA CT. 1.3 STREET ADDRESS STREET ADDRESS. **DESTIN FL 32541** 14 CITY-ST-ZIP DELETE Change Addition 21 TITLE 1000 NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-\$1-269 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-\$T-ZIP CITY ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET AFFIRESS 4.4 CITY - ST - ZIP 0114-51-20 DELETE Change Addition THE 5.1 TITLE 52 NAME NAM STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE 10.6 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rick D. Nesius/Pres. 4-11-97

FILED

Apr 15 1997 8:00am

Secretary of State

904-837-5657

Daytime Phone #

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 eath; that I am an officer or director of the corporation or the restriction in the state of employers in effect as if made under eath; that appears in Block 12 or Block 13 if changed in the analysis.

(96/6)