

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 # P93000052096 (3)

1. Corporation Name

SHORELINE ENTERPRISES, INC.



Principal Place of Business

12672 ENCHANTED HOLLOW DRIVE  
JACKSONVILLE FL 32225

Mailing Address

12672 ENCHANTED HOLLOW DRIVE  
JACKSONVILLE FL 32225

3. Date Incorporated or Qualified

07/26/1993

3a. Date of Last Report

03/15/1995

4. FEI Number

59-3193848

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 12758 MUIRFIELD BVD. SO.

Suite, Apt. #, etc.

22 City & State

23 JACKSONVILLE, FLORIDA

24 Zip

32225

Country

25 U.S.A.

2a. Mailing Address

26 12758 MUIRFIELD BVD. SO.

Suite, Apt. #, etc.

27 City & State

28 JACKSONVILLE, FLORIDA

Zip

29 32225

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

LOVELACE, HAROLD E  
12672 ENCHANTED HOLLOW DRIVE  
JACKSONVILLE FL 32225

81 Name

LOVELACE, HAROLD E.

82 Street Address (P.O. Box Number is Not Acceptable)

12758 MUIRFIELD BOULEVARD SOUTH

83

84 City

JACKSONVILLE

FL

85 Zip Code

32225

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 at 11.07.03, Florida Statutes

Signature typed or printed name of registered agent at 11.07.03, Florida Statutes

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
LOVELACE, HAROLD E  
12672 ENCHANTED HOLLOW DRIVE  
JACKSONVILLE FL 32225

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.

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
☒ Change ☐ Addition  
PSTD  
LOVELACE, HAROLD E.  
12758 MUIRFIELD BOULEVARD SOUTH  
JACKSONVILLE, FLORIDA 32225

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2896 (70A) 868-9694

CR2E034 (12/95)