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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000079815 (3)**

1. Corporation Name

SHORELAND COMPANY OF PINELLAS

Principal Place of Business	Mailing Address
12908 LOIS AVENUE SEMINOLE FL 34642	12908 LOIS AVENUE SEMINOLE FL 34642

3. Date Incorporated or Qualified: **10/17/1995** | 3a. Date of Last Report:

2. Principal Place of Business
21: 13611-78th AVE. N.
22 Suite, Apt. #, etc.: B
23 City & State: Seminole FL
24 Zip: 34646-3437 | 25 Country: Pinellas

2a. Mailing Address
26:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip: | 30 Country:

4. FEI Number: 59-336 1091 ☐ 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

9. Name and Address of Current Registered Agent

REARDON, JANET C
10225 ULMERTON ROAD
SUITE 2
LARGO FL 34641

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEMBOWSKI, DIANE ~~12908 LOIS AVENUE~~ ~~SEMINOLE FL 34642~~	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Joseph MARK JOERRES 13611-78th Ave N. Suite B Seminole, FL 34646-3437 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHEL, EDWARD G 12908 LOIS AVENUE SEMINOLE FL 34642	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☑ Change ☐ Addition 13611-78th Ave. N. Suite B Seminole, FL 34646-3437
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MENDELSON, PEGGY L 12908 LOIS AVENUE SEMINOLE FL 34642	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 13611-78th Ave N Suite B Seminole, FL 34646-3437
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUTSON, MARY K 12908 LOIS AVENUE SEMINOLE FL 34642	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☑ Change ☐ Addition 13611-78th Ave N. Suite B Seminole, FL 34646-3437
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ 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: Peggy L. Mendelson 4/2/96 813-397-7553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)