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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

TITLE

NAME STREET ADDRESS S59138

(5)

SHIP 'N SHORE ENTERPRISES, INC.

| SHIF IN SHORL ENTERFRISES, ING. | | | | | | | | |
|---|------------------------------|--------------------------|---------|-------------------------|--------------------|---|----------------------|---|
| Principal Place of Business Mailing Address | | | | | | | | |
| | | | | | | | | |
| 3325 BRENTWOOD CT 3325 BRENTWOOD CT PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 | | | | | | | | |
| US | | | | US | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | 3. Date incorporated or Qualified | | |
| | | | | | | | | 06/12/1991 |
| 2. Principal Place of Business | | | | 2a. Mailing Address | | | | 4. FEI Number Applied For |
| 21 | | | | 26 | | | | 65-0275238 Not Applicable |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired S8.75 Additional |
| 22 | | | | 27 | | | | 5. Gertificate of Status Destrict Fee Required |
| City & State | | | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | | | 28 | | | | Trust Fund Contribution |
| Zip | Country | | - | , · — | | Country | | 8. This corporation owes or has paid the current year Intangible |
| 24 25 | | | 29 | | | | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent |
| 9. Name and Address of Current Registered Agent | | | | | | 31 | Name | It. Hame and Address of New Hegistered Agent |
| AKERS, ROBERT 3325 BRENTWOOD CT | | | | | | | | |
| PUNTA GORDA FL 33950 | | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | | | 33 | • | |
| | | | | | | 84 City 85 Zip Code | | |
| 11 Pursuant t | to the provis | ions of Sections 607.050 | 2 and 6 | 07.1508. Florida Statut | es, the abo | we. | -named corno | oration submits this statement for the purpose of changing its registered |
| 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 and title if applicable. (NOTE: Registered Agent signature req | | | | | | | nt signature require | ed when reinstating) DATE |
| 12. | | | | | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PVD | | | ☐ DELETE 1.1 | | E | | ☐ Change ☐ Addition |
| NAME | AKERS, ROBERT | | | | 1.2 NAM | Œ | | |
| STREET ADDRESS | | | | | 1.3 STRE | ET A | ADDRESS | |
| CITY - ST - ZIP | PUNTA GORDA FL | | | | 1.4 CITY | | - ZIP | |
| TITLE | ST DELETE 2: | | | | 2.1 TITU | 2.1 TITLE | | L Change L Addition |
| NAME | AKERS, MARILYN J. | | | 2.2 NA | | E | | |
| STREET ADDRESS | ADDRESS 3325 BRENTWOOD COURT | | | | 2.3 STREE | | ADDRESS | 1 |
| CITY - SI - ZIP | PUNTA GORDA FL | | | | 2. 4 CIT | ۲-S1 | T- ZIP | |
| TITLE | | | | DELETE 3,1 TI | | E | | Change Addition |
| NAME | E | | | 3.2 NA | | E | | |
| Street address | STREET ADDRESS | | | | 3.3 STREET ADDRESS | | ADDRESS | |
| CITY - ST - ZIP | | | | | | 3.4. CITY-ST-ZIP | | |
| TITLE | | | | ☐ DELETE | 4.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | | | | | 4. 2 NAM | | | |
| STREET ADDRESS | | | | | 4.3 STREET ADDRESS | | ADDRESS | |
| CITY - ST - ZIP | | | | | | 4.4 CITY-ST-ZIP | | |
| TITLE DELETE | | | | ☐ DELETE | 5.1 TITLE | E | | Change Addition |
| NAME | | | | | 5.2 NAM | E | | |
| STREET ADDRESS | | | | | 5.3 STRE | ET A | address | |
| GITY - ST - ZIP | | | | | 5.4 CITY | -ST | - ZIP | |

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 or Block 15 or an attachment with an address.

6.1 TITLE 6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE: CHUTCHILLING PRES (ROBERT W. AKERS) 1/13/98 637-7/7/

CR2E034 (10/97)

Change

FILED

Jan 23 1998 8:00am

Secretary of State