

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 # S80714 (6)

1. Corporation Name

SHORELINE PAINTING, INC.



Principal Place of Business

Mailing Address

6231 GARFIELD ST
HOLLYWOOD FL 33024

6231 GARFIELD ST
HOLLYWOOD FL 33024

2. Principal Place of Business

21 15351 N.W. 4th ST.

Suite, Apt. #, etc.

22

City & State

23 Pembroke Pines FL

Zip

24 33028

Country

25 BRWD

2a. Mailing Address

26 15351 N.W. 4th ST.

Suite, Apt. #, etc.

27

City & State

28 Pembroke Pines FL

Zip

29 33028

Country

30 BRWD

3. Date Incorporated or Qualified

09/17/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0283464

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

THIBAUT, SHARON L.
6231 GARFIELD ST
HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

81

Name

Roger Thibault

82

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

15351 N.W. 4th Street

83

City

Pembroke Pines

FL

85

Zip Code

33028

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]*

Signature, typed or printed name of registered agent or director, if applicable

(NOTE: Registered Agent signature required when reinstating)

4/28/96

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

THIBAUT, SHARON L.

6231 GARFIELD ST

HOLLYWOOD FL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

THIBAUT, ROGER B.

6231 GARFIELD ST

HOLLYWOOD FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

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 *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. *[Signature]*

4/28/96

DATE

954-437-1823

Daytime Phone #

CR2E034 (12/95)