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PROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT # V69821

(9)

SHORELINE SALES & EQUIPMENT RENTAL INC.

	e of Business	Mailing Address			is ika i sibil bibit 4 likit 8 lik	IST MINIT NAME LANGE
Principal Place of Business 5239 GULF BREEZE PRKWAY GULF BREEZE FL 32561 US Mailing Address 5239 GULF BREEZE PKWY GULF BREEZE FL 32561 US						
			3. Date Incorporated or Qualified 10/05/1992	3a. Date of Last F 05/01/19		
	lace of Business	2a, Mailing Address		4. FEI Number	├ —+	Applied For
1	N at a	26		59-3145127		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Required
City & State	e	City & State		6. Election Campaign Financing	\$5.0)0 May Be
3		28		Trust Fund Contribution	Adde	ed to Fees
Zip 1	Country 25	Zıp 29	Country 30	8. This corporation has tiability for in Florida Statutes Yes		199.032,
1	9. Name and Address of Curre			10. Name and Address of New Re	egistered Agent	
			81 Name			
	ID, TERESA R.		82 Street Add	dress (P.O. Box Number is Not Acceptable	le)	
	idal bay dr.					
MILTON	N FL 32561		83			
			84 City		FL 85 Z	ip Code
If Dureught	to the provisions of Sections 607 050	12 and 607 1509 Florida Statu	dos the above named coreo	pration submits this statement for the purp		raciatored offi
or register	red agent, or both, in the State of Flor	rida. Such change was authori	zed by the corporation's boa	ard of directors. Thereby accept the appoint	pose of changing its pintment as registered	d agent. I am
	ith, and accept the obligations of, Sec	ction 607.0505, Florida Statute	is.			
SIGNATURE .	Slynature typed or printed name of registered agor	nt and title if applicable. (N	OTE: Registered Agent signature require	ed when reinstating)	DATE	
2		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	ORS IN 12
۷.			19.	ADDITIONS/OFFAIGLS TO OFF	OCHO MIND DI ILO I	
	D	☐ DELETE	1, 1 TITLE	ADDITIONS/OFFAIGLE TO OFF	Change	
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TTLF NAME STREET AODRESS	LEMOND, TERRELL 6581 TIDAL BAY DR. MILTON FL	☐ DELETE	1. 1 TITLE 1.2 NAME	ASSITIONS OF PARALETTE OF THE	☐ Change	☐ Addition
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SIGNATURE: _Q

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 (904) 932-7368