

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra S. Mathern
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 28 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 686450 (8)

1. Corporation Name

SEACO SUPPLY CORPORATION

Principal Place of Business

6407 GEORGIA AVE
WEST PALM BEACH FL 33405
US

Mailing Address

P.O. BOX 17558
WEST PALM BEACH FL 33416-7558
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

09/03/1980 07/06/1994

4. FEI Number Applied For
59-2025065 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

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

25 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**KROESEN, CHRISTOPHER C
6407 GEORGIA AVE.
WEST PALM BEACH FL 33405**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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

(Signature typed or printed name of registered agent and title if applicable)

(DATE Registered Agent signature required when registering)

(DATE)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE: ST
NAME: KROESEN, MARTHA
STREET ADDRESS: 225 - 30TH ST.
CITY, ST, ZIP: W PALM BCH FL

13. 11 TITLE: S
12 NAME: Kroesen, Martha
13 STREET ADDRESS: 225 30th Street
14 CITY, ST, ZIP: W. Palm Beach, Fl. 33407
 Change Addition

TITLE: DPT
NAME: KROESEN, CHRISTOPHER C.
STREET ADDRESS: 6407 GEORGIA AVE
CITY, ST, ZIP: W PALM BCH FL

15. 21 TITLE:
22 NAME:
23 STREET ADDRESS:
24 CITY, ST, ZIP:
 Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

16. 31 TITLE: V
32 NAME: R. Paul Miller
33 STREET ADDRESS: 3623 Fort Peyton Circle
34 CITY, ST, ZIP: St. Augustine, Fl. 32086
 Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

17. 41 TITLE:
42 NAME:
43 STREET ADDRESS:
44 CITY, ST, ZIP:
 Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

18. 51 TITLE:
52 NAME:
53 STREET ADDRESS:
54 CITY, ST, ZIP:
 Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

19. 61 TITLE:
62 NAME:
63 STREET ADDRESS:
64 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 (2)(b) 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 such officer or director, that I am an officer or director of the corporation or the receiver or trustee empowered to execute the 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: *Christopher C. Kroesen* Christopher C. Kroesen President 4/25/95 (407)585-3606

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Title

Signature Date