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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P93000086814 (9)**

1. Corporation Name
BAMA SEA PRODUCTS, INC.

Principal Place of Business	Mailing Address
185 - 13TH AVENUE. SE ST. PETERSBURG FL 33705	1499 BEACH DR.. SE ST. PETERSBURG FL 33701 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1993

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 59-3228112	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STEPHENS, JOHN 185 - 13TH AVENUE, SE ST. PETERSBURG FL 33705	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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	STEPHENS, JOHN		1.2 NAME	Martinez, Donna M	
STREET ADDRESS	24 PARADISE LANE		1.3 STREET ADDRESS	1499 Beach Dr SE	
CITY-ST-ZIP	TREASURE ISLAND FL		1.4 CITY-ST-ZIP	St. Petersburg FL 33701	
TITLE	TD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	CONNER, JOE		2.2 NAME	Leahey, Joseph F	
STREET ADDRESS	3113 MAIN STREET		2.3 STREET ADDRESS	1499 Beach Dr SE	
CITY-ST-ZIP	EAST POINT GA		2.4 CITY-ST-ZIP	St Petersburg FL 33701	
TITLE	S	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	LATHROP, JAMES, E ,		3.2 NAME	Victor, Jules	
STREET ADDRESS	8714 COBBLESTONE DRIVE		3.3 STREET ADDRESS	1499 Beach Dr SE	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	St. Petersburg FL 33701	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GODFREY		4.2 NAME		
STREET ADDRESS	4297 BUFORD DR STE A		4.3 STREET ADDRESS		
CITY-ST-ZIP	BUFORD GA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHEER, JERALD S		5.2 NAME		
STREET ADDRESS	1177 SOUTHGATE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLESTON SC		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WOODSON, DANIEL		6.2 NAME		
STREET ADDRESS	1499 BEACH DRIVE SE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 if changed, or on an attachment with an address

SIGNATURE: Donna M. Martinez Donna M Martinez 04-08-98 813 898 2262