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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

May 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000032898 (4)

O.I. SEA, INC.

STREET ADDRESS

SIGNATURE:

Principal Place of Business Mailing Address 1510 NELSON AVE 1510 NELSON AVE **CLEARWATER FL 34615** CLEARWATER FL 34615-2835 3. Date Incorporated or Qualified 3a. Date of Last Report 04/11/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country This corporation has liability for intangible tax under s. 199,032, \_\_\_ Yes 24 29 30 ₩No 25 Florida Statutes g. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name SCHNEIDER, EDMUND J JR 1510 NELSON AVE **B2** Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34615 B3** 84 City 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: typic dior printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Title DELETE 1.1 TITLE Change Addition 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP THEE 2.1 THLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - ST - ZIP THE Addition 3.1 TITLE NAVE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS City - ST - ZIP 3.4. CITY-ST-ZIP ☐ DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CH1Y - ST - ZIE 4.4 CITY - ST-ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CH1Y - S1 - Z0F 5.4 CITY-ST-ZIP TOLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 eath; 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

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14. I do 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

hanged, or on an attachment with an address.