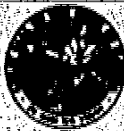


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # S22271

(8)

1. Corporation Name

SEA WAKE RESORTS, INC.

95 APR 19 PM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**445 HAMDEN DR
CLEARWATER FL 34630**

Mailing Address
**445 HAMDEN DR
CLEARWATER FL 34630**

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

23. City & State

23

Zip

Country

27. City & State

27

Zip

Country

24

Country

25

Country

29

Country

30

Country

3. Date Incorporated or Qualified

01/01/1991

3a. Date of Last Report

03/24/1994

4. FEI Number

59-3086046

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**

9. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SEATON, DARYL
445 HAMDEN DR
CLEARWATER FL 34630**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
SEATON, DARYL
445 HAMDEN DR
CLEARWATER FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
SEATON, DON
445 HAMDEN DR
CLEARWATER FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
SEATON, NANETTE
445 HAMDEN DR
CLEARWATER FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
SEATON, JANE
445 HAMDEN DR
CLEARWATER FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
SEATON, LENETTE
445 HAMDEN DR
CLEARWATER FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
SEATON, WENDY
445 HAMDEN DR
CLEARWATER FL**

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 110.07(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: Daryl J. Seaton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daryl J. Seaton

04/14/95

Date

813-442-6123

Daytime Phone #