## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## CLIMENT #

1. Corporation Name SEA AND LAND SHIPP	•					1
Principal Place of Business 116 S. HOWARD AVE. TAMPA FL 33606-1725	Mailing Address 116 S. HOWARD AVE. TAMPA FL 33606-1725		<del></del>			
1 AMP A 12 3000 1725					3.	Date tr
2. Principal Place of Business	2a. Mailing Address	•			4.	FEI NO 65-02
Suite, Apt. #, etc.	Suite, Apt. #, etc.			•	5.	Certifo
City & State	City & State	.,			6.	Election Trust F
	ountry Zip	30	ountry		8.	This co
g. Name and A	ddress of Current Registered Agent		81	Name	10,	Name
MCNAMARA, THOMA 2909 BAY TO BAY BI	S P.		82		ddress (P	O. Box
SUITE 309 TAMPA FL 33629			83			

## **FILED** Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90029 006 \*\*\*158.75



TAMPA FL 3360		TAMPA FL 33606-1725			NOT W		00405	•
		·			DO NOT WE  3. Date Incorporated or Qualifer		SPACE	
					07/05/1991			. [
a Deinging Di	lace of Business	2a. Mailing Address			4. FEI Number	<del></del>	Api	olied For
<del></del> -	-	26			65-0271575		Not	Applicable
Suite, Apt.	# atc	Suite, Apt. #, etc.					\$8.75 A	dditional
	#, etc.	27			5. Certifcate of Status Desired	X	Fee Re	quired
Ž2 City & State	<u> </u>	City & State			6 Election Campaign Financing		\$5.00	May Be
´		28		•	Trust Fund Contribution	', 🗆	Added to	, ,
Zip	Country	Zip	Cour	try	8. This corporation owes the cu	rrent year in	angible	
24	25	29	30		Personal Property Tax.	•	Yes	XINo
24	g. Name and Address of Currer	<del></del>			10. Name and Address of New	Registered	Agent	
	C 15th 2 \$5050			81 Name				
MÇN	IAMARA, THOMAS P.		. 1	82 Street Add	dress (P.O. Box Number is Not Accep	table)		
2909	BAY TO BAY BLVD			62 Street Add	dress (P.O. Box Number is Not Accep	39-7 1 2	, an alternative	or sala sa <del>so</del>
<ul> <li>SUIT</li> </ul>	E 309		Ì	83		14 42		胡锦筠
TAM	PA FL 33629		ļ			<u> </u>	45 (max. 2.7)	\$\$1.5-\$11.984 \$-3-2.77
-			- [	84 City		FL	[ <b>85</b> Zip 0	ode
7 8 1 A 1 A 1 A 1 A 1	to the provisions of Sections 607.050	22 and 607 1508 Florida State	utes the ab	ove-named cor	rporation submits this statement for the	e purpose of	changing its	registered
Office OF E	calchorod agent or both in the State	of Fiorial Such change was	aumonzeu	uv ille corpora	ation's board of directors. I hereby acc	ept the appo	intment as re	gistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Statu	tes.				į
SIGNATURE		Alle Manufacture (NO)	TE: Pagistered	annt signature requi	uired when reinstating) .	DATE		<del></del>
	Signature, typed or printed name of registered age		I C. Registered /	deur assumore rede				
	OFFICERS AN	ND DIRECTORS	13		ADDITIONS/CHANGES TO C	FFICERS A	ND DIRECTO	R\$ IN 12
12.		ND DIRECTORS	13.	Ē .	ADDITIONS/CHANGES TO C	FFICERS A	ND DIRECTO ☐ Change	RS IN 12 Addition
TITLE	D		1.1 TIT	i	ADDITIONS/CHANGES TO C	FFICERS A		RS IN 12
TITLE NAME	D RULLI, FELIX F		1.1 TIT 1.2 NA	ME		FFICERS A		RS IN 12 Addition
TITLE NAME STREET ADDRESS	D RULLI, FELIX F 8749 BAY POINTE DR		1.1 TIT 1.2 NA 1.3 STI	ME REET ADDRESS		FFICERS A		RS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RULLI, FELIX F 8749 BAY POINTE DR TAMPA FL	☐ DELETE	1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	ME REET ADDRESS Y-ST-ZIP		FFICERS A		RS IN 12 Addition
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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, with all other like empowered.

**SIGNATURE**