

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 725309 (9)
1. Corporation Name
SEAMARK, INC.



Principal Place of Business
5396 GULF BLVD.
ST. PETERSBURG FL 33706-2301

Mailing Address
5396 GULF BLVD.
ST. PETERSBURG FL 33706-2301

3. Date Incorporated or Qualified
01/19/1973

3a. Date of Last Report
04/24/1995

4. FEI Number
59-2264117

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

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
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

RAMPART PROPERTIES, INC.
10033 NINTH STREET NORTH, SECOND FLOOR
ST. PETERSBURG FL 33706

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, FRED	
STREET ADDRESS	5396 GULF BLVD #901	
CITY-ST-ZIP	ST PETERSBURG BCH.FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MITCHELL, GEORGE	
STREET ADDRESS	5396 GULF BLVD, 307	
CITY-ST-ZIP	ST PETERSBURG BCH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SMITER, ROBERT	
STREET ADDRESS	5396 GULF BLVD., 907	
CITY-ST-ZIP	ST PETERSBURG BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURPHY, JOHN	
STREET ADDRESS	5396 GULF BLVD., 105	
CITY-ST-ZIP	ST PETERSBURG BCH FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, ROBERT	
STREET ADDRESS	5396 GULF BLVD #804	
CITY-ST-ZIP	ST. PETERSBURG BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIEGLE, ROY	
STREET ADDRESS	5396 GULF BLVD #704	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CRAMER, WILLIAM	
1.3 STREET ADDRESS	5396 GULF BLVD #1102	
1.4 CITY-ST-ZIP	ST PETE BEACH FL 33706	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PARRINO, JOSEPH	
3.3 STREET ADDRESS	5396 GULF BLVD #1109	
3.4 CITY-ST-ZIP	ST PETE BEACH FL 33706	
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CAMARINOS, BRENDA	
5.3 STREET ADDRESS	5396 GULF BLVD #807	
5.4 CITY-ST-ZIP	ST. PETE BEACH FL 33706	
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BEDAM, JEANNE	
6.3 STREET ADDRESS	5396 GULF BLVD #410	
6.4 CITY-ST-ZIP	ST. PETE BEACH FL 33706	

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96
PRESIDENT

813-367-6612
Date Daytime Phone #

CR2E037 (12/95)