

FILE NOW: FILING FEE IS \$61.25

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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/19/1973	
4. FEI Number 59-2264117	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	
NAME	CRAMER, WILLIAM	1.2 NAME	
STREET ADDRESS	10033 9TH ST N	1.3 STREET ADDRESS	10033 Ninth St. N. 2 nd Fl.
CITY-ST-ZIP	ST PETERSBURG BCH.FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805
TITLE	D	2.1 TITLE	
NAME	SMITER, ROBERT	2.2 NAME	
STREET ADDRESS	10033 9TH ST N	2.3 STREET ADDRESS	10033 Ninth St. N. 2 nd Fl.
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805
TITLE	P	3.1 TITLE	
NAME	PARRINO, JOSEPH	3.2 NAME	
STREET ADDRESS	10033 9TH STREET NORTH	3.3 STREET ADDRESS	10033 Ninth St. N. 2 nd Fl.
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805
TITLE	P	4.1 TITLE	
NAME	MURPHY, JOHN	4.2 NAME	
STREET ADDRESS	10033 9TH ST N	4.3 STREET ADDRESS	10033 Ninth St. N. 2 nd Fl.
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805
TITLE	D	5.1 TITLE	
NAME	CAMARINOS, BRENDA	5.2 NAME	
STREET ADDRESS	10033 9TH ST N.	5.3 STREET ADDRESS	10033 Ninth St. N. 2 nd Fl.
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805
TITLE	D	6.1 TITLE	
NAME	SIEGLE, ROY	6.2 NAME	
STREET ADDRESS	10033 9TH ST N	6.3 STREET ADDRESS	10033 Ninth St. N. 2 nd Fl.
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805

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

SIGNATURE: *John Murphy* **REQUIRED**

CR2E037 (10/97)