


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90077 048 ****61.25

00526890

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 725309

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



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	3. Date Incorporated or Qualified 01/19/1973 4. FEI Number 59-2264117 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	Applied For Not Applicable \$8.75-Additional Fee Required \$5.00 May Be Added to Fees
---	--	---	--

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 FL 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAMER, WILLIAM	1.2 NAME	S Don Bartlett
STREET ADDRESS	10033 NINTH ST N, 2ND FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33716	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP SIVITER, ROBERT	2.2 NAME	T Robert Bennett
STREET ADDRESS	10033 NINTH ST N, 2ND FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T PARRINO, JOSEPH	3.2 NAME	D Fred Brown
STREET ADDRESS	10033 NINTH ST N, 2ND FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P MURPHY, JOHN	4.2 NAME	
STREET ADDRESS	10033 NINTH ST N, 2ND FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33176	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CAMARINOS, BRENDA	5.2 NAME	
STREET ADDRESS	10033 NINTH ST N, 2ND FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33176	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SIEGLE, ROY	6.2 NAME	
STREET ADDRESS	10033 NINTH ST N, 2ND FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: ✓

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)