

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 686450

**Entity Name:** SEACO SUPPLY CORPORATION

**Current Principal Place of Business:**

1029 N. FLORIDA MANGO RD.  
BAY #8  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

P.O. BOX 17558  
WEST PALM BEACH, FL 33416-7558 US

**FEI Number:** 59-2025065

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KROESEN, CHRISTOPHER C  
1029 N. FLORIDA MANGO RD. BAY #8  
WEST PALM BEACH, FL 33409 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title S  
Name KROESEN, MARTHA  
Address 225 - 30TH ST.  
City-State-Zip: W PALM BCH FL

Title DPT  
Name KROESEN, CHRISTOPHER C.  
Address 1029 N. FLORIDA MANGO RD., BAY #8  
City-State-Zip: WEST PALM BEACH FL 33409

Title V  
Name MILLER, R P  
Address 3613 CRAZY HORSE TR  
City-State-Zip: ST AUGUSTINE FL

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHER C. KROESEN

**PRESIDENT**

**04/21/2015**

Electronic Signature of Signing Officer/Director Detail

Date