

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000014122

Entity Name: SEA DIP RENTAL, INC.

Current Principal Place of Business:

1233 S ATLANTIC AVENUE
DAYTONA BEACH, FL 32118

FILED
Mar 09, 2020
Secretary of State
7766291093CC

Current Mailing Address:

C/O TRURESULTS COMMUNITY MGMT
PO BOX 290537
PORT ORANGE, FL 32129 US

FEI Number: 59-3697098

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RICHARDSON, CYNTHIA LCAM
C/O TRURESULTS COMMUNITY MGMT
PO BOX 290537
PORT ORANGE, FL 32129 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: CYNTHIA RICHARDSON

03/09/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GAMEN, CRAIG C
Address C/O TRURESULTS COMMUNITY
 MGMT
 PO BOX 290537
City-State-Zip: PORT ORANGE FL 32129

Title VP
Name ANDERSON, KATHY
Address C/O TRURESULTS COMMUNITY
 MGMT
 PO BOX 290537
City-State-Zip: PORT ORANGE FL 32129

Title TREASURER
Name PHILLIPS, ROBERT
Address C/O TRURESULTS COMMUNITY
 MGMT
 PO BOX 290537
City-State-Zip: PORT ORANGE FL 32129

Title SECRETARY
Name WHITE, JOANN
Address C/O TRURESULTS COMMUNITY
 MGMT
 PO BOX 290537
City-State-Zip: PORT ORANGE FL 32129

Title DIRECTOR
Name HUGAR, JERRY
Address C/O TRURESULTS COMMUNITY
 MGMT
 PO BOX 290537
City-State-Zip: PORT ORANGE FL 32129

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: CRAIG GAMEN

PRESIDENT

03/09/2020

Electronic Signature of Signing Officer/Director Detail

Date