

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 177023

(9)

1. Corporation Name

THE SEA BEE CORPORATION

Principal Place of Business

5363 CONSTITUTION RD
PO BOX 1853
CRESTVIEW FL 32536

Mailing Address

5363 CONSTITUTION RD
PO BOX 1853
CRESTVIEW FL 32536

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/20/1954

3a. Date of Last Report

02/08/1994

4. FEI Number

59-0763379

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

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FASSE, LUCILLE C.
5363 CONSTITUTION RD
CRESTVIEW FL 32536

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME LABRIE, MARY ANN
STREET ADDRESS 3837 ROLLING LANE CIRCLE
CITY-ST-ZIP MIDWEST CITY OK

TITLE T
NAME LABRIE, JOHN
STREET ADDRESS 3837 ROLLING LANE CIR
CITY-ST-ZIP MIDWEST CITY OK

TITLE AS
NAME MULLER, T H JR
STREET ADDRESS 2903 WYNGATE RD
CITY-ST-ZIP ATLANTA GA

TITLE S
NAME FASSE, LUCILLE
STREET ADDRESS 5363 CONSTITUTION RD
CITY-ST-ZIP CRESTVIEW FL

TITLE VP
NAME HOLLAND, CATHERINE SUSAN
STREET ADDRESS 3143 VERDUN DR.
CITY-ST-ZIP ATLANTA GA

TITLE P
NAME MULLER, VIRGINIA ST CL
STREET ADDRESS 2903 WYNGATE RD.
CITY-ST-ZIP ATLANTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lucille Fasse LUCILLE FASSE

3-17-95

682-3360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR