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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **177023** **(9)**

1. Corporation Name
THE SEA BEE CORPORATION

Principal Place of Business	Mailing Address
5363 CONSTITUTION RD PO BOX 1853 CRESTVIEW FL 32536	5363 CONSTITUTION RD PO BOX 1853 CRESTVIEW FL 32536-7853

3. Date Incorporated or Qualified: 01/20/1954
3a. Date of Last Report: 05/01/1996
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) (22) (23) (24) (25)
2a. Mailing Address (26) (27) (28) (29) (30)
Suite, Apt. #, etc. / City & State / Zip / Country

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LABRIE, MARY ANN		1.2 NAME	
STREET ADDRESS	3837 ROLLING LANE CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIDWEST CITY OK		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LABRIE, JOHN		2.2 NAME	
STREET ADDRESS	3637 ROLLING LANE CIR		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIDWEST CITY OK		2.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MULLER, T H JR		3.2 NAME	
STREET ADDRESS	2903 WYNGATE RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FASSE, LUCILLE		4.2 NAME	
STREET ADDRESS	5363 CONSTITUTION RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL		4.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HOLLAND, CATHERINE SUSAN		5.2 NAME	
STREET ADDRESS	3143 VERDUN DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MULLER, VIRGINIA ST CL		6.2 NAME	
STREET ADDRESS	2903 WYNGATE RD.		6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 607, 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 01/15/97 904 682-3360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0487370