

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5329 CONSTITUTION RD Suite, Apt. #, etc. 22 P.O. Box 1853 City & State 23 CRESTVIEW FL Zip 24 32536 Country 25 USA		2a. Mailing Address 26 5329 CONSTITUTION RD Suite, Apt. #, etc. 27 P.O. Box 1853 City & State 28 CRESTVIEW FL Zip 29 32536 Country 30 USA		3. Date Incorporated or Qualified 01/20/1954	4. FEI Number 59-0763379 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 FASSE, LUCILLE C 82 Street Address (P.O. Box Number is Not Acceptable) 5329 CONSTITUTION RD 83 84 City CRESTVIEW FL 85 Zip Code 32539	
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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 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	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABRIE, MARY ANN	1.2 NAME	
STREET ADDRESS	3637 ROLLING LANE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIDWEST CITY OK	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FASSE, LUCILLE	4.2 NAME	
STREET ADDRESS	5363 CONSTITUTION RD	4.3 STREET ADDRESS	5329 CONSTITUTION RD
CITY-ST-ZIP	CRESTVIEW FL	4.4 CITY-ST-ZIP	CRESTVIEW FL 32539
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	

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 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 C Fasse **LUCILLE C FASSE 1-24-98 850-182-3360**

CR2E034 (10/97)