

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90048 050 ***150.00

DOCUMENT # 177023

1. Corporation Name

THE SEA BEE CORPORATION

Principal Place of Business

5329 CONSTITUTION
PO BOX 1853
CRESTVIEW FL 32536
US

Mailing Address

5329 CONSTITUTION RD
PO BOX 1853
CRESTVIEW FL 32536
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1954

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

FASSE, LUCILLE C.
5329 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME LABRIE, MARY ANN
STREET ADDRESS 3637 ROLLING LANE CIRCLE
CITY-ST-ZIP MIDWEST CITY OK ☐ DELETE

TITLE T
NAME LABRIE, JOHN
STREET ADDRESS 3637 ROLLING LANE CIR
CITY-ST-ZIP MIDWEST CITY OK ☐ DELETE

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

TITLE S
NAME FASSE, LUCILLE
STREET ADDRESS 5329 CONSTITUTION RD
CITY-ST-ZIP CRESTVIEW FL 32539 ☐ DELETE

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *Mary Ann Labrie* Mary Ann Labrie

4-27-99

(405) 737-9687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)