FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**

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

95 APR 14 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **354433** **(5)**

1. Corporation Name

SEACOAST ELECTRONICS INC

Principal Place of Business	Mailing Address
240 TALLEYRAND AVE JACKSONVILLE FL 32202	240 TALLEYRAND AVE JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/27/1969**

3a. Date of Last Report: **04/12/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-1276130** ☐ 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

9. Name and Address of Current Registered Agent

THOMAS, JACK H
240 TALLEYRAND AVE
JACKSONVILLE, FL
32202

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☐ Change ☐ Addition
NAME	THOMAS, JACK H	12 NAME	THOMAS, JACK H.	
STREET ADDRESS	4575 WHISPERING INLET DR	13 STREET ADDRESS	9178 AUGUST CIRCLE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	14 CITY-ST-ZIP	~~ST. AUGUSTINE, FLORIDA 32086~~	
TITLE	SDT	21 TITLE	SDT	☐ Change ☐ Addition
NAME	THOMAS, MARYLU	22 NAME	THOMAS, MARYLU	
STREET ADDRESS	4575 WHISPERING INLET DR	23 STREET ADDRESS	9178 AUGUST CIRCLE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	24 CITY-ST-ZIP	~~ST. AUGUSTINE, FLORIDA~~ 32086	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	STRODE, ROBERT O.	32 NAME		
STREET ADDRESS	3854 HABERSHAM FOREST DR	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	THOMAS, ARTHUR H	42 NAME		
STREET ADDRESS	5542 GALEWIND LANE	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 119.07(3)(k), 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: MARYLU THOMAS — APR. 12, 1995 — 904-355-0343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014196 CP