

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

CORPORATION
ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -1 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 412168 (7)
SEALKOTE, INC

Principal Place of Business
85 EDWARDS DRIVE
ROCKLEDGE FL 32955

Mailing Address
85 EDWARDS DRIVE
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/03/1972

3a. Date of Last Report
02/25/1994

4. FEI Number
59-1429896

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 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
BAILEY, WALTER
5050 SATURDAY PL
COCOA FL

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 N/A
(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

NAME	ADDRESS
VP GILBERT, DENNIS 1403 BELLVIEW ROAD COCOA FL	
PT BAILEY, CLEMENTINE 5050 SATURDAY DR. COCOA FL	
D HAWKINS, WALTER 135 LYNELL LANE COCOA FL	
D INMAN, RANDY 417 LINCOLN RD. COCOA FL	
D NEWSOME, ADAM W 5050 SATURDAY'S PLACE COCOA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	ADDRESS
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☒ Change ☐ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☒ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☒ Change ☐ Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☒ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(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 personally by the officer or director of the corporation or the officer or member empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 of changes, or on an alteration with an address.

SIGNATURE: Clementine Bailey, CLEMENTINE Bailey 2-23-95
SIGNATURE AND TYPED OR PRINTED NAME OF FORMER OFFICER OR DIRECTOR