

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 412168 (7)
1. Corporation Name
SEALKOTE, INC



Principal Place of Business
85 EDWARDS DRIVE
ROCKLEDGE FL 32955

Mailing Address
85 EDWARDS DRIVE
ROCKLEDGE FL 32955

3. Date Incorporated or Qualified
11/03/1972

3a. Date of Last Report
03/01/1995

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 Suite, 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 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]*
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VP	GILBERT, DENNIS	1403 BELLVIEW ROAD	COCOA FL	<input checked="" type="checkbox"/>
PT	BAILEY, CLEMENTINE	5050 SATURDAY DR.	COCOA FL	<input checked="" type="checkbox"/>
VP	BAILEY, WALTER	5050 SATURDAY PLACE	COCOA FL	<input checked="" type="checkbox"/>
S	NEWSOME, ADAM W	5050 SATURDAY'S PLACE	COCOA FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
N/A				<input type="checkbox"/>	<input type="checkbox"/>
President	Walter Bailey	5050 Saturday Pl	Cocoa, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President	Clementine Bailey	5050 Saturday Place	Cocoa, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	Irving Bailey, Jr.	85 Edwards Dr.	Rockledge, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 changing, or in an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Date

Daytime Phone #

CR2E034 (12/95)