

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 # 449494 (4)

1. Corporation Name

SEA CRUISE, INC.

Principal Place of Business

RT 15 BOX 1760  
LAKE CITY FL 32024  
US

Mailing Address

RT 15 BOX 1760  
LAKE CITY FL 32024  
US

2. Principal Place of Business

21 Rt. 10, Box 275  
Suite, Apt. #, etc.

2a. Mailing Address

26 Rt. 10, Box 275  
Suite, Apt. #, etc.

22 City & State  
23 Lake City, FL 32025

27 City & State  
28 Lake City, FL 32025

24 Zip 32025 Country  
25 Columbia

29 Zip 32025 Country  
30 Columbia

9. Name and Address of Current Registered Agent

DANIELS, T PAT  
RT. 2, BOX 294C  
LAKE CITY FL 32055

3. Date Incorporated or Qualified

04/01/1974

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1542517

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

Rt. 15, Box 1760

83

84 City

Lake City

FL

85 Zip Code  
32024

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 the date of signature)

(NOTE: Registered Agent signature required when removing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PD  
DANIELS, PAT T.  
RT. 2 BOX 294 C  
LAKE CITY FL

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP  
ST  
TEMPLE, LILLIAN C.  
RT 2 BOX 201-C  
LAKE CITY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP  
V  
CARPENTER, DENNIS  
950 LAKE MONTGOMERY DR.  
LAKE CITY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME T. Pat Daniels

1.3 STREET ADDRESS Rt. 15, Box 1760

1.4 CITY- ST- ZIP Lake City, FL 32024

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Clifton G. Parnell

2.3 STREET ADDRESS Rt. 15, Box 1760

2.4 CITY- ST- ZIP Lake City, FL 32024 ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS 600001840106

5.4 CITY- ST- ZIP -05/28/96--01019--004

6.1 TITLE \*\*\*800.00 ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

Clifton G. Parnell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

752-0594

CR2E034 (12/95)