

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

①

1997 AUG 22 PM 1: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 449494 (4)  
1. Corporation Name  
SEA CRUISE, INC.



Principal Place of Business  
RT 10 BOX 275  
LAKE CITY FL 32025  
US

Mailing Address  
RT 10 BOX 275  
LAKE CITY FL 32025  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/01/1974	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1542517	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. RT 2 Box 1760	26 Suite, Apt. #, etc. RT 2 Box 1760
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

DANIELS, T PAT  
RT 10 BOX 275  
LAKE CITY FL 32025

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

*T. Pat Daniels*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

T. Pat Daniels 8-18-97  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, PAT T.	1.2 NAME	
STREET ADDRESS	RT 15 BOX 1760	1.3 STREET ADDRESS	900002277049--0
CITY-ST-ZIP	LAKE CITY FL 32024	1.4 CITY-ST-ZIP	-08/26/97--01018--008
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARNELL, CLIFTON G	2.2 NAME	
STREET ADDRESS	RT 15 BOX 1760	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL 32024	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, DENNIS	3.2 NAME	
STREET ADDRESS	950 LAKE MONTGOMERY DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE

*T. Pat Daniels*  
Signature, typed or printed name of registered agent and title if applicable

T. Pat Daniels 8-18-97 (24075) - 0504  
DATE

CR2E034 (4/97)

7

AUGUST 7, 1997

DIVISION OF CORPORATIONS  
ANNUAL REPORTS SECTION  
P O BOX 1500  
TALLAHASSEE, FL 32302-1500

DEAR SIR/MADAM:

YOU WILL FIND ENCLOSED THE 1997 PROFIT CORPORATION ANNUAL REPORT.  
I FEEL IT NECESSARY TO WRITE THIS LETTER ON BEHALF OF MY EMPLOYER  
MR. T. PAT DANIELS. I WAS TO BEGIN EMPLOYMENT FOR MR. DANIELS ON  
JANUARY 6, 1997, HIS PREVIOUS SECRETARY/DOOKEEPER WHO HAS BEEN DELETED  
FROM THE ENCLOSED REPORTS LEFT WITHOUT NOTICE. THE AFTERNOON OF  
JANUARY 6, 1997 MY DAUGHTER AND UNBORN CHILD WERE KILLED IN AN AUTO  
ACCIDENT. I ARRANGED FOR A TEMP TO FILL IN AND UPON MY RETURN FOUND  
SHE HAD NOT INFORMED MR. DANIELS OF THE ENCLOSED REPORTS. I AM  
WRITING THIS LETTER IN HOPE THESE EXTENUATING CIRCUMSTANCES MIGHT  
BE TAKEN INTO CONSIDERATION REGARDING THE FEES FOR THE ENCLOSED  
REPORTS. I HAVE ENCLOSED A CHECK FOR THE ORIGINAL AMOUNT OF THE  
REPORTS WHICH TOTAL \$660.00. I APPRECIATE YOUR TIME AND ATTENTION  
GIVEN TO THIS MATTER, DUE TO THESE UNFORTUNATE CIRCUMSTANCES, I  
HOPE THE LATE FILING CHARGES CAN BE WAIVED.

SINCERELY

  
PHYLLIS BLEDSOE