## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 496779 1. Corporation Name

GOLDEN SEAL SERVICES, INC.

Principal Place of Business Mailing Address						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
3786 INDUSTRIA		3786 INDUSTRIAL PK DR .							
MARIANNA FL	32446	Marianna Fl 32446				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 02/16/1976			
2. Principal P	lace of Business	2a. Mailing Address	<del></del>			4. FEI Number	Apı	olied For	
21	ace of Business	26				59-1649294	<u> </u>	Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75 A	dditional	
22		27				5. Certifcate of Status Desired	Fee Re	quired	
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	Col	untry		8. This corporation owes the current year		_	
24	25	29	30			Personal Property Tax.	<del></del> >	□No	
	9. Name and Address of Current	Registered Agent		1		10. Name and Address of New Register	ed Agent	<del></del>	
	DON 1 DONALD O			81	Name			}	
MORRILL, RONALD S				82	Street Ad	idress (P.O. Box Number is Not Acceptable)	ess (P.O. Box Number is Not Acceptable)		
	S INDUSTRIAL PARK DRIVE								
MAR	IIANNA FL 32446			83					
				84	City		. 85 Zip C	ode	
the transfer of the second of					•		╸▋▃▕▏		
office or r	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was a ons of, Section 607.0505, Flo	iuthorize orida Sta	d by tr tutes.	ne corpora	proration submits this statement for the purposition's board of directors. I hereby accept the application of the purposition o	ропинен аз гед	pistered	
12.	Signature, typed or printed name of registered agent OFFICERS ANI	,	13		signature requ	ADDITIONS/CHANGES TO OFFICERS		R\$ IN 12	
TITLE	T DELETE			1.1 TITLE			Change	Addition	
NAME	MORRILL, RONALD S	_	1.2 N		ļ			(	
STREET ADDRESS	3786 INDUSTRIAL PK DR				DDRESS				
CITY-ST-ZIP	MARIANNA, FL 00000			CITY-ST-	1				
TITLE	PD	☐ DELETE		TITLE			☐ Change	Addition	
NAME	MORRILL, RONALD S			AME	-			-	
STREET ADDRESS	ATAA MIDHATOMA DIY OO				DORESS				
. *	MARIANNA, FL 00000			CITY-ST	1	= -u^ m · m-	***		
CITY-ST-ZIP TITLE	VPO	DELETE	_	BTLE		VP	☐ Change	∠ Actoition	
NAME	MORRILL, ALAN	•	3.21	NAME	1	bregory owen morris	11	ļ	
STREET ADDRESS			3.3.5	STREET	ODRESS /	LIL BAY HAWK LANG	<u>.                                    </u>		
CITY-ST-ZIP	MARIANNA FL			CITY-ST	ZIP 5	T. Augustive fl 32	086		
TITLE	S	☐ DELETE	_	IIILE		7.734	☐ Change	Addition	
NAME	MORRILL, MARJORIE		4, 2	NAME					
STREET ADDRESS	**** ******** ***** ***		4.3.5	STREET	ADDRESS .			Í	
CITY-ST-ZIP	MARIANNA FL			CITY-ST-					
TITLE	EVP			TITLE		<del></del>	Change	☐ Addition	
NAME	MORRILL, MARJORIE			NAME		_			
STREET ADDRESS			5.3 9	STREET	ADDRESS				
CITY-ST-ZIP			5.4 (	CITY-ST-	ZIP				
TITLE			6.1 7	ITILE			Change	☐ Addition	
MALAT	law and a second		6.21	NAME					
STREET ADDRESS			6.3 5	STREET	ADDRESS				

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

4-23-99-850-526-4286

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90038 024 \*\*\*150.00