

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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90293 032 \*\*\*150.00

DOCUMENT # 521484

1. Corporation Name  
SEA COLT MANAGEMENT, INCORPORATED

Principal Place of Business

628 N. BEAR LAKE RD.  
APOPKA FL 32703  
US

Mailing Address

628 N BEAR LAKE RD  
APOPKA FL 32703  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1976

4. FEI Number

59-1758024

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax: ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 220 Nob Hill CR.  
Suite, Apt. #, etc.

City & State

23

City & State

28 Longwood FL

Zip

24

Country

25 US

Zip

29 32779

Country

30 US

9. Name and Address of Current Registered Agent

SEVERS, WILLIAM E.  
628 N BEAR LAKE RD.  
32703A FL 32714

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SEVERS, WILLIAM E  
STREET ADDRESS 220 NOB HILL CIRCLE  
CITY-ST-ZIP FOREST CITY FL

TITLE S ☐ DELETE

NAME DAVIS, EUNICE R  
STREET ADDRESS 341 FOREST LAKE DRIVE  
CITY-ST-ZIP FOREST CITY FL

TITLE V ☐ DELETE

NAME COULTER, LUCINDA  
STREET ADDRESS 905 SHEILA PLACE  
CITY-ST-ZIP APOPKA FL

TITLE T ☐ DELETE

NAME SEVERS, JUNE  
STREET ADDRESS 220 NOB HILL CIRCLE  
CITY-ST-ZIP FOREST CITY FL

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: WILLIAM E SEVERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99 407-862-2608

Date

Daytime Phone #

CR2E034 (11/98)

0067874