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FILED

May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 616263 (0)  
1. Corporation Name  
SEA WAY INSURANCE REPAIR, INC.

Principal Place of Business  
P.O. BOX 786  
ESTERO FL 33928

Mailing Address  
P.O. BOX 786  
ESTERO FL 33928

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1979

4. FEI Number

59-1900097

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANEY, TOM C.  
10005 VINTAGE TRACE CIRCLE  
FT. MYERS FL 339012  
20751 RIVERS FORD  
ESTERO, FLA. 33928

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HANEY, C TOM  
STREET ADDRESS 14000 LAKE OLIVE DR 20751 RIVERS FORD  
CITY-ST-ZIP FT. MYERS FL ESTERO, FLA.

TITLE VP  
NAME HANEY, NATALIE W  
STREET ADDRESS 14000 LAKE OLIVE DR 20751 RIVERS FORD  
CITY-ST-ZIP FT. MYERS FL ESTERO, FLA. 33928

TITLE V  
NAME PARSONS, DONALD G.  
STREET ADDRESS 12160 58TH PL, N  
CITY-ST-ZIP ROYAL PALM BCH. FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

P.D.  
TOM C. HANEY  
20751 RIVERS FORD  
ESTERO, FLA. 33928

V.P.  
NATALIE W. HANEY  
20751 RIVERS FORD  
ESTERO, FLA. 33928

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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0431855

CR2E034 (10/97)