

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 708581 (4)
1. Corporation Name

SEA-N-SHORE WATER SAFETY CONSULTANTS, INC.



Principal Place of Business
124 ROBIN ROAD
SUITE 1100
ALTAMONTE SPRINGS FL 32701

Mailing Address
124 ROBIN ROAD
SUITE 1100
ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified 03/02/1965
3a. Date of Last Report 02/02/1995

2. Principal Place of Business
21 5620 SE 9th St
2a. Mailing Address
26 5620 SE 9th St

Suite, Apt. #, etc.
22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.

City & State
23 Ocala
28 Ocala

Zip
24 34471
25 Marion
29 34471
30 Marion

4. FEI Number 59-1147333
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEDLEY, GARY
124 ROBIN ROAD
SUITE 1100
ALTAMONTE SPRINGS FL 32701

81 Name David P Meier
82 Street Address (P.O. Box Number is Not Acceptable)
5620 SE 9th St
83
84 City Ocala FL 85 Zip Code 34471

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE David B. Meier
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3-1-96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MEIER, DAVID P.
STREET ADDRESS 6605 HOPI TRAIL
CITY - ST - ZIP LEESBURG FL ☐ DELETE

TITLE DVP
NAME CUEVAS, MIRTHA, M.D.
STREET ADDRESS 2106 HILLCREST ST.
CITY - ST - ZIP ORLANDO FL ☐ DELETE

TITLE DST
NAME WOMACK, BRUCE
STREET ADDRESS 2710 N. DELLWOOD DR.
CITY - ST - ZIP EUSTIS FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 5620 SE 9th St
14 CITY - ST - ZIP Ocala 34471

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David B. Meier Pres.

3-1-96

904-624-9310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)