

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 FEB 17 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F03091** (8)

1. Corporation Name
SEA AQUA, INC.

Principal Place of Business: **RT 2 BOX 75 GRACEVILLE FL 32440**
Mailing Address: **RT 2 BOX 75 GRACEVILLE FL 32440**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/24/1980** 3a. Date of Last Report: **04/11/1994**
4. FEI Number: **59-2039034** 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

2. Principal Place of Business: 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 24. Country 28. Zip 29. Country
25. Country 30. Country

9. Name and Address of Current Registered Agent
**WOODHAM, WENDELL
RT 2 BOX 75
GRACEVILLE, FL**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WOODHAM, WENDELL
STREET ADDRESS	RT 2 BOX 75
CITY-ST-ZIP	GRACEVILLE, FL 00000
TITLE	TD
NAME	WOODHAM, PATSY
STREET ADDRESS	RT 2 BOX 75
CITY-ST-ZIP	GRACEVILLE, FL 00000
TITLE	D
NAME	COATES, SARA JEAN
STREET ADDRESS	RT 2 BOX 342 Q
CITY-ST-ZIP	BONIFAY, FL 00000
TITLE	SD
NAME	COATES, MARTIN E
STREET ADDRESS	RT 2 BOX 342 Q
CITY-ST-ZIP	BONIFAY, FL 00000
TITLE	V
NAME	WOODHAM, KEITH
STREET ADDRESS	RT 2 BOX 73A
CITY-ST-ZIP	GRACEVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), 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: Patsy Woodham - Patsy Woodham 2-15-95 (904) 263-3010
(SIGNATURE) AND TYPE OR PRINTED NAME OF REGISTERED AGENT Date Telephone Number