

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified **10/24/1980** 3a. Date of Last Report **02/17/1995**

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 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

**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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODHAM, WENDELL	1.2 NAME	Tammy Flournoy
STREET ADDRESS	RT 2 BOX 75	1.3 STREET ADDRESS	Rt. 2 Box 73 B
CITY-ST-ZIP	GRACEVILLE, FL 00000	1.4 CITY-ST-ZIP	Graceville, FL 32440
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODHAM, PATSY	2.2 NAME	
STREET ADDRESS	RT 2 BOX 75	2.3 STREET ADDRESS	
CITY-ST-ZIP	GRACEVILLE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COATES, SARA JEAN	3.2 NAME	
STREET ADDRESS	RT 2 BOX 342 Q	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONIFAY, FL 00000	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COATES, MARTIN E	4.2 NAME	
STREET ADDRESS	RT 2 BOX 342 Q	4.3 STREET ADDRESS	
CITY-ST-ZIP	BONIFAY, FL 00000	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODHAM, KEITH	5.2 NAME	
STREET ADDRESS	RT 2 BOX 73A	5.3 STREET ADDRESS	
CITY-ST-ZIP	GRACEVILLE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)