

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F59007 (7)

1. Corporation Name

SEAL-KRETE, INC.

Principal Place of Business

310 GANDY RD.
P.O. BOX 1527
AUBURNDALE FL 33823-8527

Mailing Address

310 GANDY RD.
P.O. BOX 1527
AUBURNDALE FL 33823-8527

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/18/1981

3a. Date of Last Report
04/22/1994

4. FEI Number
59-2153978

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

21 **306 Gandy Road**

Suite, Apt. #, etc.

2a. Mailing Address

26 **306 Gandy Road**

Suite, Apt. #, etc.

22 **Auburndale, FL**

City & State

27 **Auburndale, FL**

City & State

24 **33823**

Zip

25 **Polk**

Country

29 **33823**

Zip

30 **Polk**

Country

9. Name and Address of Current Registered Agent

**SHUMATE, DAVID D.
329 W BRIDGERS AVE.
AUBURNDALE FL 33823**

10. Name and Address of New Registered Agent

81 Name **Victor O. Shumate**
82 Street Address (P.O. Box Number is Not Acceptable)
704 Old Berkley Road, North
83 **Auburndale**
84 City **FL** 85 Zip Code **33823**

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

Victor O. Shumate

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/28/95 **Victor O. Shumate** **CEO** **04/28/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHUMATE, DAVID
STREET ADDRESS	329 W BRIDGERS AVE.
CITY - ST - ZIP	AUBURNDALE FL
TITLE	CDV
NAME	SHUMATE, VICTOR O.
STREET ADDRESS	704 OLD BERKLEY ROAD, N.
CITY - ST - ZIP	AUBURNDALE FL
TITLE	TS
NAME	SHUMATE, WANDA G.
STREET ADDRESS	704 OLD BERKLEY ROAD, N.
CITY - ST - ZIP	AUBURNDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 110.07(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:

Wanda G. Shumate

Signature and typed or printed name of signing officer or director

Wanda G. Shumate

04/28/95

Date

(941) 967-1535

Telephone Number