FILED 2000 UNIFORM BUSINESS REPORT (UBR) Sep 13, 2000 8:00 am Secretary of State DOCUMENT # F94000004798 1. Entity Name SEA MARKET, INC. 09-13-2000 90051 047 ***550.00 Principal Place of Business Mailing Address % BETTY W. GULLEY, EA OLD SHRIMP ROAD STOCK ISLAND 1300 WEST PARK #7 80106304 LITTLE ROCK AR 72204 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 64-0734230 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERRING, TONY Street Address (P.O. Box Number is Not Acceptable) 30 HILTON HAVEN #1 KEY WEST FL 33040 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (5/00) ☐ Addition Delete TITLE TITI F NAME HEMMENWAY, BRAD NAME STREET ADDRESS STREET ADDRESS 101 HOUSTON AVENUE CITY-ST-ZIP CITY-ST-7IP PT. ARTHUR TX 77640 Addition ☐ Change ☐ Delete TITI F TITLE NAME NAME HEMMENWAY, JACK STREET ADDRESS STREET ADDRESS 101 HOUSTON AVENUE CITY-ST-7/P CITY-ST-ZIP PT. ARTHUR TX 77640 Change ☐ Addition TITLE Delete TITLE STRINGFELLOW. JIM NAME NAME STREET ADDRESS 101 HOUSTON AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PT. ARTHUR TX 77640 ☐ Change ☐ Delete Addition TITLE NAME HERRING, TONY NAME STREET ADDRESS STREET ADDRESS 30 HILTON HAVEN #1 CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 furth indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appear changed, or on an attachment with an address, with all other like empowered.) ock 11 or Block 12 if MEGI SIGNATURE: