

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000006599 (4)

1. Corporation Name  
SEA PRIDE INDUSTRIES, INC.

Principal Place of Business

91 BAYBRIDGE DRIVE  
GULF BREEZE FL 32561

Mailing Address

91 BAYBRIDGE DRIVE  
GULF BREEZE FL 32561-4468



3. Date Incorporated or Qualified 12/27/1994  
3a. Date of Last Report 09/26/1996

4. FEI Number 75-2309471  
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 1198 Gulf Breeze Pkwy.  
Suite Apt. #, etc. Suite #8  
22 Gulf Breeze, FL  
City & State  
23 32561  
Zip  
24 USA  
Country  
25  
26 1198 Gulf Breeze Pkwy.  
Suite Apt. #, etc. Suite #8  
27 Gulf Breeze, FL  
City & State  
28 32561  
Zip  
29 USA  
Country  
30

9. Name and Address of Current Registered Agent

ERICSSON, JOHN D  
91 BAYBRIDGE DRIVE  
GULF BREEZE FL 32561  
1198 Gulf Breeze Pkwy. #8

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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 fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICSSON, JOHN D	1.2 NAME	
STREET ADDRESS	91 BAYBRIDGE DRIVE	1.3 STREET ADDRESS	1198 Gulf Breeze Pkwy. #8
CITY-ST-ZIP	GULF BREEZE FL 32561	1.4 CITY-ST-ZIP	Gulf Breeze, FL 32561
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEMMER, JOHN W	2.2 NAME	
STREET ADDRESS	91 BAYBRIDGE DRIVE	2.3 STREET ADDRESS	1198 Gulf Breeze Pkwy. #8
CITY-ST-ZIP	GULF BREEZE FL 32561	2.4 CITY-ST-ZIP	Gulf Breeze, FL 32561
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAKE, EDWIN W JR, PHD	3.2 NAME	Director
STREET ADDRESS	91 BAYBRIDGE DRIVE	3.3 STREET ADDRESS	Cake, Edwin W. Jr. Ph. D.
CITY-ST-ZIP	GULF BREEZE FL 32561	3.4 CITY-ST-ZIP	1198 Gulf Breeze Pkwy. #8
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Secretary/Treasurer
STREET ADDRESS		4.3 STREET ADDRESS	Sharon K. Bennett
CITY-ST-ZIP		4.4 CITY-ST-ZIP	1198 Gulf Breeze Pkwy. #8
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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 #

4/17/97 904-934-8888

CR2E034 (9/96)