

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 # F95000000255 (8)

1. Corporation Name

SEA STAR INDUSTRIES, INC.



Principal Place of Business

91 BAYBRIDGE DRIVE
GULF BREEZE FL 32561

Mailing Address

91 BAYBRIDGE DRIVE
GULF BREEZE FL 32561

3. Date Incorporated or Qualified

01/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

APPLIED FOR 59-3288717

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ERICSSON, JOHN D
91 BAYBRIDGE DR
GULF BREEZE FL 32561

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 how it appears on the

(P.O. Box Registered Agent signature required when registered agent is a corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CAKE, EDWIN JR, PHD
STREET ADDRESS PO BOX 176
CITY-ST-ZIP OCEAN SPRINGS MS 39564 ☐ DELETE

TITLE V
NAME CIRINO, JOHN
STREET ADDRESS 1204 CATHOUN AVE
CITY-ST-ZIP OCEAN SPRINGS MS 39564 ☒ DELETE

TITLE ST
NAME ROCHELLE HIGGINS, YVONNE
STREET ADDRESS 91 BAYBRIDGE DRIVE
CITY-ST-ZIP GULF BREEZE FL 32561 ☒ DELETE

TITLE C
NAME ERICSSON, JOHN D
STREET ADDRESS 91 BAYBRIDGE DRIVE
CITY-ST-ZIP GULF BREEZE FL 32561 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition
2. NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Secretary/Treasurer
3.2 NAME Sharon K. Bennett
3.3 STREET ADDRESS 91 Baybridge Dr.
3.4 CITY-ST-ZIP Gulf Breeze, FL 32561 ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE Director
5.2 NAME Hemmer, John D.
5.3 STREET ADDRESS 91 Baybridge Dr.
5.4 CITY-ST-ZIP Gulf Breeze, FL 32561 ☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 Sharon Bennett Sharon Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 904-934-8888
Date Daytime Phone

CR2E034 (12/95)