

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002470 (9)
 1. Corporation Name
SEA SAFE GATOR GRATE, INC.



Principal Place of Business 100 CAPITAL DRIVE, SUITE 210 LAFAYETTE LA 70508	Mailing Address 100 CAPITAL DRIVE, SUITE 210 LAFAYETTE LA 70508
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/09/1997	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 72-0849427		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

FREHN, JEFFREY L
108 EAST COLLEGE AVENUE, SUITE 1200
TALLAHASSEE FL 32301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOOLEY SR, DAVID M	1.2 NAME	
STREET ADDRESS	100 CAPITAL DRIVE, STE 210	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAFAYETTE LA	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMENGEAUX, DAVID	2.2 NAME	
STREET ADDRESS	100 CAPITAL DRIVE, STE 210	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAFAYETTE LA	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KITCHENS, JIM	3.2 NAME	
STREET ADDRESS	100 CAPITAL DRIVE, STE 210	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAFAYETTE LA	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBLANC, LORENZ	4.2 NAME	
STREET ADDRESS	100 CAPITAL DRIVE, STE 210	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAFAYETTE LA	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEROUEN, LYNN	5.2 NAME	
STREET ADDRESS	100 CAPITAL DRIVE, STE 210	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAFAYETTE LA	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMEK, THOMAS J	6.2 NAME	
STREET ADDRESS	451 FLORIDA STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	BATON ROUGE LA	6.4 CITY-ST-ZIP	

14. 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 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 _____ **David M. Dooley Sr. 5/13/98** ZIP: 70508

CR2E034 (10/97)