


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

0541400

FILED
May 27, 1999 8:00 am
Secretary of State

05-27-1999 90005 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002470
 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		26		4. FEI Number 72-0849427	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent FREHN, JEFFREY L 106 EAST COLLEGE AVENUE, SUITE 1200 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOOLEY SR, DAVID M	1.2 NAME	Dooley, David M Sr
STREET ADDRESS	100 CAPITAL DRIVE, STE 210	1.3 STREET ADDRESS	100 Capital Dr, #210
CITY-ST-ZIP	LAFAYETTE LA	1.4 CITY-ST-ZIP	Lafayette, LA 70508
TITLE	ST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	CSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOMENGEAUX, DAVID	2.2 NAME	Baird, William S.
STREET ADDRESS	100 CAPITAL DRIVE, STE 210	2.3 STREET ADDRESS	3245 Fayette Ave.
CITY-ST-ZIP	LAFAYETTE LA	2.4 CITY-ST-ZIP	Birmingham, AL 35208
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KITCHENS, JIM	3.2 NAME	Short, Roland T Jr
STREET ADDRESS	100 CAPITAL DRIVE, STE 210	3.3 STREET ADDRESS	3245 Fayette Ave.
CITY-ST-ZIP	LAFAYETTE LA	3.4 CITY-ST-ZIP	Birmingham, AL 35208
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" 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 checked="" 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 checked="" 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, with all other like empowered.

SIGNATURE: _____ Date: **5/25/99** Daytime Phone #: **318-234-5059**

CR2E034 (1/98)