

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 # H05196 (1)

1. Corporation Name

SEE FLORIDA, INC.



Principal Place of Business

19535 GULF BLVD STE D
INDIAN SHORES FL 34635

Mailing Address

19535 GULF BLVD STE D
INDIAN SHORES FL 34635

3. Date Incorporated or Qualified
05/25/1984

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number
59-2406120

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

ROBINSON, JEAN
19535 GULF BLVD STE D
INDIAN SHORES FL 34635

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

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
PD
ROBINSON, JEAN
19535 GULF BLVD STE D
INDIAN SHORES FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME
D
SEABORN, LINDA
19535 GULF BLVD STE D
INDIAN SHORES FL

1.2 NAME

TITLE ☐ DELETE

NAME
D
SEABORN, LINDA
19535 GULF BLVD STE D
INDIAN SHORES FL

1.3 STREET ADDRESS

TITLE ☐ DELETE

NAME
D
SEABORN, LINDA
19535 GULF BLVD STE D
INDIAN SHORES FL

1.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
D
SEABORN, LINDA
19535 GULF BLVD STE D
INDIAN SHORES FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
SEABORN, LINDA
19535 GULF BLVD STE D
INDIAN SHORES FL

2.2 NAME

TITLE ☐ DELETE

NAME
D
SEABORN, LINDA
19535 GULF BLVD STE D
INDIAN SHORES FL

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)