

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90122 012 ***150.00

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DOCUMENT # H07535

1. Corporation Name
SEA-SCAPE MARINE, INC.

Principal Place of Business
% JAMES C. PATTERSON
37 PRYOR ROAD, S.E.
FT. WALTON BEACH FL 32548

Mailing Address
% JAMES C. PATTERSON
37 PRYOR ROAD, S.E.
FT. WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/12/1984

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2425350

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATTERSON, JAMES C.
37 PRYOR ROAD, S.E.
FT. WALTON BEACH FL 32548

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME PATTERSON, WILLIAM A

1.2 NAME

STREET ADDRESS 37 PRYOR ROAD, S.E

1.3 STREET ADDRESS

CITY-ST-ZIP FT. WALTON BEACH FL

1.4 CITY-ST-ZIP

S ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME PATTERSON, KAREN A.

2.2 NAME

STREET ADDRESS 37 PRYOR ROAD, S.E

2.3 STREET ADDRESS

CITY-ST-ZIP FT. WALTON BEACH FL

2.4 CITY-ST-ZIP

P ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME JAMES PATTERSON

3.2 NAME

STREET ADDRESS 37 PRYOR RD., SE

3.3 STREET ADDRESS

CITY-ST-ZIP FT. WALTON BEACH FL

3.4 CITY-ST-ZIP

D ☒ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME PITKUS, EDWARD

4.2 NAME

STREET ADDRESS 209 2ND ST

4.3 STREET ADDRESS

CITY-ST-ZIP NICEVILLE FL

4.4 CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

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:

Karen A. Patterson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #