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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J49053 (8)

1. Corporation Name

SEABREEZE OPERATORS, INC.



Principal Place of Business

998 BELLEVUE AVE.
P O BOX 2556
DAYTONA BEACH FL 32114-5162

Mailing Address

998 BELLEVUE AVE.
P O BOX 2556
DAYTONA BEACH FL 32114-5162

3. Date Incorporated or Qualified

12/29/1986

3a. Date of Last Report

05/01/1995

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

26

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORBETT, PATRICK E.
998, BELLEVUE AVE.
DAYTONA BEACH FL 32780

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 officer or director who signed this statement)

(Printed Name of Agent if signature required when filing statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
CORBETT, PATRICK E.
STREET ADDRESS
998 BELLEVUE AVE.
CITY-ST-ZIP
DAYTONA BEACH FL

TITLE ☐ DELETE

NAME
V
FRIEND, ELIZABETH C
STREET ADDRESS
PO BOX 2655 N/A
CITY-ST-ZIP
DAYTONA BCH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

Corbett, Elizabeth C.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96

904-252-6875

CR2E034 (12/95)