

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
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90202 040 ***150.00

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DOCUMENT # K06095

1. Corporation Name

SEAMTRESS EXPRESS, INC.

Principal Place of Business

1509 S. AIRPORT BLVD. --
MELBOURNE FL 32901 --

Mailing Address

1509 S. AIRPORT BLVD. --
MELBOURNE FL 32901 --

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1987

4. FEI Number

59-2861701

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

2. Principal Place of Business

21 1318 SEELEY CIRCLE NW
Suite, Apt. #, etc.

2a. Mailing Address

26 1318 SEELEY CIRCLE NW
Suite, Apt. #, etc.

22 City & State

23 PALM BAY, FL 32907
Zip Country

24 32907

25

27 City & State

28 PALM BAY, FL 32907
Zip Country

29 32907

30

9. Name and Address of Current Registered Agent

SAGUCIO, FUSAKO

465 BALLARD DR --

MELBOURNE FL 32935-6805 --

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1318 SEELEY CIRCLE NW

83 PALM BAY, FL

84 City

PALM BAY, FL

85 Zip Code

32907

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 N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SAGUCIO, FUSAKO
STREET ADDRESS 465 BALLARD DR --
CITY-ST-ZIP MELBOURNE FL --

TITLE VST ☐ DELETE

NAME SMITH, RALPH J.
STREET ADDRESS 465 BALLARD DR --
CITY-ST-ZIP MELBOURNE FL --

TITLE D ☐ DELETE

NAME SMITH, RALPH
STREET ADDRESS 465 BALLARD DR --
CITY-ST-ZIP MELBOURNE 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1318 SEELEY CIRCLE NW
1.4 CITY-ST-ZIP PALM BAY, FL 32907

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 1318 SEELEY CIRCLE NW
2.4 CITY-ST-ZIP PALM BAY, FL 32907

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 1318 SEELEY CIRCLE NW
3.4 CITY-ST-ZIP PALM BAY, FL 32907

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 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:

FUSAKO SAGUCIO, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

Date

407-726-6695
407-724-9579

Daytime Phone #

CR2E034 (1/98)