

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 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90107 023 \*\*\*150.00

DOCUMENT # **L01493**

1. Corporation Name  
**CONTINENTAL SEA PRODUCTS, INC.**

Principal Place of Business

% WARD B. LAFRANCE  
13191 STARKEY RD SUITE 7  
LARGO FL 33773  
US

Mailing Address

% WARD B. LAFRANCE  
13191 STARKEY RD SUITE 7  
LARGO FL 33773  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/10/1989**

4. FEI Number

**59-2958749**

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** 9968 SAGO POINT DRIVE

Suite, Apt. #, etc.

**22**

City & State

**23** LARGO, FLORIDA

Zip

**24** 3 3 7 7 7

Country

**25** USA

2a. Mailing Address

**26** P.O. BOX 10065

Suite, Apt. #, etc.

**27**

City & State

**28** LARGO, FLORIDA

Zip

**29** 33773-0065

Country

**30** USA

9. Name and Address of Current Registered Agent

LAFRANCE, WARD B.  
13191 STARKEY ROAD  
SUITE 7  
LARGO 33773

10. Name and Address of New Registered Agent

81 Name

LAFRANCE, WARD B.

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

9968 SAGO POINT DRIVE

83

84 City  
LARGO

FL

85 Zip Code  
33777

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 **WARD B. LAFRANCE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/13/1999**

12. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ DELETE  
NAME **LAFRANCE, WARD B.**  
STREET ADDRESS **13191 STARKEY RD SUITE 7**  
CITY-ST-ZIP **LARGO FL 33773**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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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 **DPST** ☐ Change ☐ Addition  
1.2 NAME **LAFRANCE, WARD B.**  
1.3 STREET ADDRESS **9968 SAGO POINT FRIVE**  
1.4 CITY-ST-ZIP **LARGO, FL 33777**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
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 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 another line empowered.

SIGNATURE: **WARD B. LAFRANCE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/13/1999** (727) 535-7511

Date

Daytime Phone #

CR2E034 (11/98)