

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 13 AM 9:03

DOCUMENT # L89949 (6)

1. Corporation Name
SEBASTIAN'S FINGERS AND TOES, INC.

Principal Place of Business
**1029 U.S. HIGHWAY 1
SEBASTIAN FL 32958
US**

Mailing Address
**121 CURTIS CIRCLE
SEBASTIAN FL 32958**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/18/1990	3a. Date of Last Report 04/26/1994
4. FEI Number 65-0208640	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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent MORLAN, MARLENE M. 121 CURTIS CIR SEBASTIAN FL 32958	10. Name and Address of Now Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 the I approve) (Date) (Registered Agent signature required when membership)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	NAME MORLAN, MARLENE M.	11 TITLE ☐ Change ☐ Addition	
STREET ADDRESS 121 CURTIS CIRCLE		12 NAME	
CITY, ST, ZIP SEBASTIAN FL		13 STREET ADDRESS	
TITLE VSD	NAME MORLAN, ROBERT L.	21 TITLE ☐ Change ☐ Addition	
STREET ADDRESS 121 CURTIS CIRCLE		22 NAME	
CITY, ST, ZIP SEBASTIAN FL		23 STREET ADDRESS	
TITLE	NAME	24 CITY, ST, ZIP	
STREET ADDRESS		31 TITLE ☐ Change ☐ Addition	
CITY, ST, ZIP		32 NAME	
TITLE	NAME	33 STREET ADDRESS	
STREET ADDRESS		34 CITY, ST, ZIP	
CITY, ST, ZIP		41 TITLE ☐ Change ☐ Addition	
TITLE	NAME	42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE	NAME	51 TITLE ☐ Change ☐ Addition	
STREET ADDRESS		52 NAME	
CITY, ST, ZIP		53 STREET ADDRESS	
TITLE	NAME	54 CITY, ST, ZIP	
STREET ADDRESS		61 TITLE ☐ Change ☐ Addition	
CITY, ST, ZIP		62 NAME	
TITLE	NAME	63 STREET ADDRESS	
STREET ADDRESS		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that it qualifies for the exemption stated in Section 199.032(4)(b), Florida Statutes. I further certify that the information included 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *MARLENE M. MORLAN* (MARLENE M. MORLAN) 1/5/95 1107 5534-5344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR