## **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

## DOCUMENT # M97773 1. Corporation Name

SEASNAK, INC.

## May 12, 1999 8:00 am Secretary of State

05-12-1999 90002 042 \*\*\*150.00



Principal Place	e of Business	Mailing Add	Mailing Address								
5186 PANOLA N	WILL DRIVE		5186 PANOLA MILL DRIVE								
LITHONIA GA 30038		LITHONIA GA 30038				Ì	DO NOT WRITE IN THIS SPACE				
						ŀ	3. Date Incorporat			- AOL	
						!	09/09/1988	ed or deamed			
		On Mailing	Addross				4. FEI Number				Applied For
<u> </u>	lace of Business	2a. Mailing	Audiess			ļ	59-2929275			— —	Not Applicable
21	<u></u>	Suite, Apt. #, etc.					J9 <u>2323213</u>				Additional
Suite, Apt.	#, etc.	⊢¬ '	<del>-</del>			ļ	5. Certifcate of Sta	itus Desired			Required
City & State		27 City & 3	City & State				6. Election Campa	ian Financino			0 May Be
<u> </u>	e	28	<del>-</del> 7 '				Trust Fund Con	-			d to Fees
Zip	Country		Zip Country				8. This corporation		rent vear Inta	ngible	
24	25	29	31	, í			Personal Prope			Yes	□No
24	9. Name and Address of Curre			1			10. Name and Add		Registered A	Agent	
				81	Nam	ne					
DAWKINS, MARK C				100	Stro	at Address	s (P.O. Box Number	ie Not Accent	able)		
8335	S EARL CIRCLE WEST		82 Street Ac			el Address	S (F.O. Box Number	is Not Accept	able)		
JACI	KSONVILLE FL 32219		83								
				<u> </u>	-					105 7	p Code
				84	City	•			FL	85  Zi	b code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508,	Florida Statutes	, the abov	e-лаm	ed corpora	ation submits this sta	tement for the	purpose of	changing	its registered
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State im familiar with, and accept the oblig	of Florida, Such	change was auth	orized by	the co	orporation's	s board of directors.	I hereby acce	pt the appoir	itment as	registerea
	in lamiliar with, and accept the oblig	ations of, occurr	001.0000,170.10								ĺ
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable	(NOTE. Re	egistered Age	nt signatu	lw beauper eau	nen reinstating)		DATE		
12.	OFFICERS A	ND DIRECTORS		13.			ADDITIONS/CH	ANGES TO OF	FICERS AN		
TITLE	PTD		☐ DELETE	1.1 TITLE		-				☐ Chang	e
NAME	DAWKINS, MARK C			1.2 NAME							
STREET ADDRESS	5186 PANOLA MILL DRIVE			1.3 STREE	TADDRE	SS					
CITY-ST-ZIP	LITHONIA GA 30038			1,4 CITY-	ST-ZIP						- C*1 A J.De
TITLE	VSD		☐ DELETE	2.1 TITLE		1				Chang	ie 🗍 Addition
NAME	DAWKINS, ERYN J			2.2 NAME							
STREET ADDRESS	5186 PANOLA MILL DRIVE			2.3 STREE	TADDRE	ess					
CITY-ST-ZIP	LITHONIA GA			2.4 CITY-	ST-ZIP					Char	a
TITLE			☐ DELETE	3.1 TITLE						Chang	e Addition
NAME	1			3.2 NAME		)					'
STREET ADDRESS				3.3 STREE	TADDRE	ESS					
CITY-ST-ZIP				3.4, CITY-	ST-ZIP					Chara	e Addition
TITLE			☐ DELETE	4.1 TITLE						Chang	ie 🗆 Maarioti
NAME				4 2 NAME		-					
STREET ADDRESS				4.3 STREE	TADDRE	ESS					
CITY-ST-ZIP				4.4 CITY-	ST-ZIP					Chan	ge Addition
TITLE			DELETE	5.1 TITLE						☐ Chang	le 🗆 Yaqaaqa
NAME	ļ			5.2 NAME							
STREET ADDRESS	•			5.3 STREE		ESS					
CITY-ST-ZIP				5.4 CITY-		<del></del>				F7 Char	ge Addition
TITLE			☐ DELETE	6.1 TITLE		İ				Chang	Se Noniiou
NAME				6.2 NAME							l
STREET ADDRESS				6.3 STREE	T ADDRE	ESS					
					OT 710						

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.

OFFICER OR DIRECTOR