

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000006559

1. Corporation Name

SEA-MESTER, INC.

Principal Place of Business

1623 KENILWORTH ST
SARASOTA FL 34231

Mailing Address

PO BOX 4019
SARASOTA FL 34230

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90143 013 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/16/1998

4. FEI Number

☒ 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

9. Name and Address of Current Registered Agent

TRAWICK, HENRY P JR.
2033 WOOD ST, STE 218
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name JAMES M. STOLL

82 Street Address (P.O. Box Number is Not Acceptable)
1623 Kenilworth Street

83

84 City Sarasota

FL 85 Zip Code 34231

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

James M. Stoll

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME STOLL, JAMES M
STREET ADDRESS 1623 KENILWORTH ST
CITY-ST-ZIP SARASOTA FL 34231

TITLE D ☒ DELETE
NAME NOBLE, BECKY S
STREET ADDRESS 1623 KENILWORTH ST
CITY-ST-ZIP SARASOTA FL 34231

TITLE D ☒ DELETE
NAME MEIGHAN, MICHAEL
STREET ADDRESS 1623 KENILWORTH ST
CITY-ST-ZIP SARASOTA FL 34231

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 PD ☒ Change ☐ Addition
1.2 NAME STOLL, JAMES M.
1.3 STREET ADDRESS 1623 Kenilworth Street
1.4 CITY-ST-ZIP Sarasota, Florida

2.1 TITLE STD ☒ Change ☐ Addition
2.2 NAME NOBLE, BECKY S.
2.3 STREET ADDRESS 1623 Kenilworth Street
2.4 CITY-ST-ZIP Sarasota, Florida

3.1 TITLE VD ☒ Change ☐ Addition
3.2 NAME MEIGHAN, MICHAEL
3.3 STREET ADDRESS 1623 Kenilworth Street
3.4 CITY-ST-ZIP Sarasota, Florida

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 617, 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: *James M. Stoll*

SIGNATURE REQUIRED

15 March 1999

941-924-6789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0067326