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FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P92000011558 (3)

1. Corporation Name

SEABREEZE PARTNERS, INC.

Principal Place of Business

RT 2 BOX 7170  
SANTA ROSA BEACH FL 32459

Mailing Address

RT 2 BOX 7170  
SANTA ROSA BEACH FL 32459



2. Principal Place of Business

21 1413 HIGHWAY 395

Suite, Apt. #, etc.

22

City & State

23 SANTA ROSA BEACH FL

Zip

24 32459

Country

25 US

2a. Mailing Address

26 1413 HIGHWAY 395

Suite, Apt. #, etc.

27

City & State

28 SANTA ROSA BEACH FL

Zip

29 32459

Country

30 US

3. Date Incorporated or Qualified

12/10/1992

3a. Date of Last Report

04/25/1996

4. FEI Number

59-3161820

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

9. Name and Address of Current Registered Agent

BUTLER, VAN NESS R JR  
RT 2 BOX 7170  
SANTA ROSA BEACH FL 32459

10. Name and Address of New Registered Agent

81 Name

ALBERT B. BUTLER

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

1413 HIGHWAY 395

83

84 City

SANTA ROSA BEACH

FL

85 Zip Code

32459

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

Albert B. Butler

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

(NOTE: Registered Agent signature required when reinstating)

4-18-97

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

DP  
BUTLER, VAN NESS R JR  
RT 2 BOX 7170  
SANTA ROSA BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

DS  
ROBERTS, PASCAL A  
RT 2 BOX 4780 #1605  
SANTA ROSA BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

DTV  
BUTLER, ALBERT B  
1413 HIGHWAY 395  
SANTA ROSA BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

~~JOAN G. ROBERTS~~

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☒ Change ☐ Addition

DIRECTOR  
BUTLER, VAN NESS R, JR  
200 BANKILL RD  
SANTA ROSA BEACH, FL 32459

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☒ Change ☐ Addition

~~DIRECTOR~~ PRESIDENT/TREASURER  
ALBERT B. BUTLER  
1413 HIGHWAY 395  
SANTA ROSA BEACH, FL 32459

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☒ Addition

DIRECTOR, SECRETARY  
JOAN G. ROBERTS  
RT 2 BOX 4780 #1605  
SANTA ROSA BEACH, FL 32459

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE: Albert B. Butler

ALBERT B. BUTLER

CP2E034 (9/96)