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FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
1413 HIGHWAY 395
SANTA ROSA BEACH FL 32459
US

Mailing Address
1413 HIGHWAY 395
SANTA ROSA BEACH FL 32459
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1992

4. FEI Number

59-3161820

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

1413 N. HIGHWAY 395

City & State

22

Zip

Country

23

9. Name and Address of Current Registered Agent

BUTLER, ALBERT R.
1413 HIGHWAY 395
SANTA ROSA BEACH FL 32459

2a. Mailing Address

26

Suite, Apt. #, etc.

1413 N. HIGHWAY 395

City & State

27

Zip

Country

28

10. Name and Address of New Registered Agent

81 Name

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

1413 N. HIGHWAY 395

83

84 City

FL

85 Zip Code

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

ALBERT B. BUTLER

4-27-98

(Signature typed or printed name of registered agent and date of appointment)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BUTLER, VAN NESS R JR
STREET ADDRESS 200 BANFILL RD.
CITY-ST-ZIP SANTA ROSA BEACH FL

TITLE ☐ DELETE

NAME CS
STREET ADDRESS ROBERTS, JOAN
RT 2 BOX 4780 #1805
CITY-ST-ZIP SANTA ROSA BEACH FL

TITLE ☐ DELETE

NAME DPT
STREET ADDRESS BUTLER, ALBERT B
1413 HIGHWAY 395
CITY-ST-ZIP SANTA ROSA BEACH FL

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

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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 1413 N. HIGHWAY 395
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.

SIGNATURE:

Albert B. Butler

ALBERT B. BUTLER 4-27-98

CR2E034 (10/97)