FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:42

DOCUMENT # **P92000015460 (8)**

1. Corporation Name
SEA-NIC ORIGINALS, INC.

Principal Place of Business	Mailing Address
411 N. GRIFFITH AVE. CRYSTAL RIVER FL 34429 US	411 N. GRIFFIN AVE. CRYSTAL RIVER FL 34429 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/31/1992**
3a. Date of Last Report: **06/07/1994**
4. FEI Number: **59-3161765** ☐ 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, 22, 23, 24, 25)
2a. Mailing Address (26, 27, 28, 29, 30)

9. Name and Address of Current Registered Agent

ULSETH, ROBERT
411 N. GRIFFITH AVE.
CRYSTAL RIVER FL 34429

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable)
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: Robert Ulseth ROBERT ULSETH (PRES) 2-21-95
(Signature required if registered agent will be changed) (If 11 - Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	ULSETH, ROBERT II	12 NAME	ULSETH, ROBERT II
STREET ADDRESS	P. O. BOX 2348	13 STREET ADDRESS	205 S. OSCEOLA AVE
CITY-ST-ZIP	INVERNESS FL	14 CITY-ST-ZIP	INVERNESS FL 34451-2499
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	VELEZ, EDWARD SR	22 NAME	
STREET ADDRESS	411 N GRIFFITH AVE	23 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Robert Ulseth ROBERT ULSETH 2-21-95 904 344 5201
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0484787 FP