FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



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

1996

P93000028511 (2) DOCUMENT # 1. Corporation Name

MOTOR VESSEL ARCTIC SEAL, INC.



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Principal Place of Business Mailing Address							
2103 CYPRESS AVENUE 2103 CYPRESS A PORT ST. JOE FL 32456 PORT ST. JOE FL							
		7-14-			 Date Incorporated or Qualified 04/09/1993 	3a. Date of Last Report 05/01/1995	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For	
Surte, Apt. #, etc.		26	—- L		59-3178598	Not Applicable	
22 City & State		Suite, Apt #, etc 27	7		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23	<u></u>	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country	Zip	Country		This corporation has liability for it	Added to Fees	
24	25	29	30		Florida Statutes Yes		
 	Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agent	
			81 N:	ame			
	LD, CARL E JR		82 St	reet Address	s (P.O. Box Number is Not Acceptable	e;	
	YPRESS AVENUE						
PORTS	ST. JOE FL 32456		83				
			84 G	ty		85 Zip Code	
11. Pursuant t	to the provisions of Sections 607.0502 a	ned 607 1500 Florid Onl				F1	
	ed agent, or both, in the State of Florida th, and accept the obligations of. Section			on's board o	on submits this statement for the purp of directors. Thereby accept the appo	pose of changing its registered office intrinent as registered agent. I am	
SIGNATURE:	Signature typed or ported harrie of registered agent a	Million di Serva e della di	TE is protection.				
12.	OFFICERS AND	DIRECTORS	13.	d alex fee judeed W.	ADDITIONS/CHANGES TO OFFI	CERCIAND DIRECTORO IN 10	
TITLE	D	DELETE	1 1 TITLE	·	ADDITIONS OF IANGES TO OFFI	Criange Addition	
NAME	RAFFIELD, RANDY C		1.2 NAME				
STREET ADDRESS	2012 JUNIPER AVENUE		1.3 STREET ADDA	tess			
CITY - ST - ZIP	PORT ST. JOE FL 32456		14 City - ST - ZiP				
TITLE	D	DELETE	2 1 T TEF			Change Addition	
NAME	RAFFIELD, CARL E JR		2.2 NAME				
STREET ADDRESS	2103 CYPRESS AVENUE		2.3 STREET ADOR	155			
CITY - ST - ZIP	PORT ST. JOE FL 32456		2.4 CITY - ST - ZIP				
TITLE	D DATES OF THE PARTY OF THE PAR	☐ DELETE	3 1 TIFLE			☐ Change ☐ Addition	
NAME STREET NOTICES	RAFFIELD, JOSEPH W		3.2 NAME				
STREET ADDRESS	OAK STREET HC-3 BOX 654		33 STREET ADDR	RÉSS			
CrTY-ST-ZIP TITLE	PORT ST. JOE FL 32456	T DELETE	3.4 C/TY - ST - Z/P				
NAME			4 1 TITLE			Change 🗀 Addition	
STREET ADORESS			4.2 NAME 4.3 STREET ADDR	ce e			
CITY-SI-ZiP			4.3 STREET ADOR	199			
TITLE		☐ CÆLETE	5 I TILE			Chagos	
NAME		<u></u>	5.2 NAME			Change Addition	
STREET ADDRESS			5.3 STREET ADDR	ESS			
CITY-ST-ZIP			5.4 CITY - ST- 7IP				
TITLE		DELETE	6 1 THLE	•		☐ Change ☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS			63 STREET ADDR	ESS			
C(Ty - ST - Z(P		• • • • • • • • • • • • • • • • • • • •	6.4 CITY - \$1 - ZIP				
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I do 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)(k). Florida Statutes I further certify that the information indicated on this armulal 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 frustee enjowered 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.

GNATURE:

**Chapter 607 | Chapter 60

SIGNATURE:

Chaytone Etware #

CR2E034 (12/95)