SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000053889 (0)**

1. Corporation Name
THE NORTH SEA GROUP, INC.

Principal Place of Business	Mailing Address
3222 NETHERWOOD DR WINTER PARK FL 32792	3222 NETHERWOOD DR WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/29/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: 5315 N. LK. BURKETT LN.
Suite, Apt. #, etc. 22:
City & State 23: WINTER PARK FL.
Zip 24: 32792 Country 25: USA.

2a. Mailing Address
26: 5315 N. LK BURKETT LN
Suite, Apt. #, etc. 27:
City & State 28: WINTER PARK FL.
Zip 29: 32792 Country 30: SWMNKE

4. FEI Number: **59-3237485** ☐ 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 NO CHANGES

9. Name and Address of Current Registered Agent

CORLIN, BOBBY T
3222 NETHERWOOD DR
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

91 Name: CORLIN, BOBBY T.
92 Street Address (P.O. Box Number is Not Acceptable): 5315 NORTH LAKE BURKETT LANE
93:
94 City: WINTER PARK FL 95 Zip Code: 32792

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MDCE	11 TITLE	MDCE ☒ Change ☐ Addition
NAME	CORLIN, BOBBY T	12 NAME	CORLIN, BOBBY T.
STREET ADDRESS	3222 NETHERWOOD DR	13 STREET ADDRESS	5315 NORTH LAKE BURKETT LANE
CITY-ST-ZIP	WINTER PARK FL	14 CITY-ST-ZIP	WINTER PARK FL. 32792.
TITLE	MD	21 TITLE	☐ Change ☐ Addition
NAME	JOHANSEN, NEILS G	22 NAME	
STREET ADDRESS	878 NW 45 ST	23 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	24 CITY-ST-ZIP	
TITLE	MD	31 TITLE	☐ Change ☐ Addition
NAME	JONES, TOMMY L	32 NAME	
STREET ADDRESS	4024 WATERVIEW LOOP	33 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	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	

CR2E034 (3/95)

14. 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)(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: Bobby T. Corlin 7/24/95 (407) 678-9445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000001 CF