FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P93000069688**1. Corporation Name

SEELEY AND BYE TROPIC TOWING, INC.

Principal Place of Business Mailing Address						- I INDUIANT UR INSEA IUTU BAUR EN	itt aasti aatta	auta (6119 8tt)	nt inter inte ten
626 THIRD PLACE 226 31 AVE SW									
VERO BEACH FL 32962 VERO BEACH FL 32968 US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			_
						10/01/1993			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Applied For		
21		26				65-0453831			lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	X i		Additional Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curr	ent year Inf	angible	
24	25 29 30					Personal Property Tax.		Yes	No
Name and Address of Current Registered Agent						10. Name and Address of New F	Registered	Agent	
ACCIEV JOINS DOD				81	Name				Ì
SEELEY, JOHN P SR 226 31ST AVENUE SW				82	Street Addre	ess (P.O. Box Number is Not Accepta	able)		
	D BEACH FL 32968		ļ						
			,	84	City		FL	85 Zip	Code
						nation submite this statement for the			te registered
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 office or registered agent, by both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regagent. I am familiar with, and registered agent, by both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regagent. I am familiar with, and registered agent.								registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						n	lay -	21.1	ma l
SIGNATURE Signature, typeriode from a of registered agent and title if applicable. (NOTE: Registered Agent signature)							OHIE -	77,1	77 7_
12.		ND DIRECTORS	13.	rigoni	- Signature required	ADDITIONS/CHANGES TO OF	FISERS AL	VD DIRECT	ORS IN 12
TITLE	PDT	☐ DELETE	1.1 TII	LE.		7,05,110,10,10,10,10,10		Change	
NAME	SEELEY, JOHN P SR		1.2 NA	ME					ļ
STREET ADDRESS	226 31 ST AVENUE SW		1		ADDRESS				ĺ
CITY-ST-ZIP	VERO BEACH FL 32968		1.4 CT						
TITLE	VSD	☐ DELETE	2.1 TII					Change	e Addition
NAME	SEELEY, DEBORAH Z.		2.2 NA	ME					
STREET ADDRESS	226 31ST AVE SW		2.3 ST	REET	ADDRESS				
CITY-ST-ZIP	VERO BEACH FL 32968		2.4 C	ITY-SI	T-ZIP				
TITLE		☐ DELETE	3.1 TIT					Change	e 🔲 Addition
NAME	•		3.2 NA	WE.					
STREET ADDRESS	33\$		REET	ADDRESS					
CITY-ST-ZIP			3.4. CI	TY-ST	T-ZIP			_	
TITLE		☐ DELETE	4.1 TIT	RΕ				☐ Change	e 🔲 Addition
NAME			4. 2 N	AME					1
STREET ADDRESS			4.3 ST	REET	ADDRESS				ļ
CITY-ST-ZIP			4.4 CF	TY-ST	- ZIP				
TITLE		☐ DELETE	5.1 TIT					☐ Change	e
NAME			5.2 NA	ME]				J
STREET ADDRESS			5.3 ST	REET	ADDRESS				ļ
CITY-ST-ZIP			5.4 CF	TY-ST	-ZIP				
TITLE		☐ DELETE	6.1 TIT	ī.E				☐ Change	Addition
NAME			6.2 NA	ME					
			REET	ADDRESS				}	
	İ				1				1

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, with all other like empowered.

SIGNATURE:

Detoral 3 Seeley VSP

FILED May 27, 1999 8:00 am Secretary of State

05-27-1999 90004 001 ***158.75