FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P94000003147 (3)

1. Corporation Name
THE CLEAN SEAS COMPANY

Principal Place of Business
1301 GULF LIFE DR
SUITE 1904
JACKSONVILLE FL 32207

Mailing Address
1301 GULF LIFE DR
SUITE 1904
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: 01/06/1994
3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-3221597 — 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 1301 Riverplace Blvd.
Suite, Apt. #, etc.
22 Suite 1904
City & State
23 Jacksonville, FL
Zip: 24 32207 Country: 25 USA

2a. Mailing Address
26 1301 Riverplace Blvd.
Suite, Apt. #, etc.
27 Suite 1904
City & State
28 Jacksonville, FL
Zip: 29 32207 Country: 30 USA

9. **Name and Address of Current Registered Agent**

POWERS, WARREN P
1301 GULF LIFE DR
SUITE 1904
JACKSONVILLE FL 32207

10. **Name and Address of New Registered Agent**

81 Name
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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	POWERS, WARREN P	
STREET ADDRESS	1301 GULF LIFE DR SUITE 1904	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	☐ DELETE
NAME	POLSENSKI, MARTIN	
STREET ADDRESS	1301 GULF LIFE DR SUITE 1904	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	Director, Secretary, Treasurer	☒ Change ☐ Addition
1.2 NAME	Powers. Warren P.	
1.3 STREET ADDRESS	1301 Riverplace Blvd. Suite 1904	
1.4 CITY-ST-ZIP	Jacksonville, FL 32207	
2.1 TITLE	Director, President	☒ Change ☐ Addition
2.2 NAME	Polsenski, Martin	
2.3 STREET ADDRESS	1301 Riverplace Blvd, Suite 1904	
2.4 CITY-ST-ZIP	Jacksonville, FL 32207	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
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 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)(x), 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: Martin J Polsenski — 3-14-96 — (904) 396-0985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)