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

**PROFIT CORPORATION** ANNUAL REPORT

1998

CITY-ST-ZIP



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

Apr 21 1998 8:00am

Secretary of State

P94000003147 (3) **DOCUMENT #** 

THE CLEAN SEAS COMPANY

## Principal Place of Business Mailing Address 1301 RIVERPLACE BLVD 1301 RIVERPLACE BLVD SUT E1904 **SUITE 1904** JACKSONVILLE FL 32207 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32207 3. Date Incorporated or Qualified 01/06/1994 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3221597 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 POWERS, WARREN P Name <del>1901 GULF LIFE DR</del> 1301 Riverplace Blud, 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 1904** 83 JACKSONVILLE FL 32207 84 City Zip Code 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 (NO1) Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS 12. CR2E034 (10/97 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change Addition 111111 POWERS, WARREN P 1301 Riverplace Glud. NAME 1.2 NAME 1301 GULF LIFE DR SUITE 1904 -Suita 1904 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 Crty - \$1 - 7IP DP DELETE TITLE 2.1 THLE ☐ Change Addition POLSENSKI, MARTIN 1301 Riverplace Blud NAME 2.2 NAME 1801 CULF LIFE DR SUITE 1904 STREET ADDRESS 2.3 STREET ADDRESS Suite 1904 JACKSONVILLE FL CITY-ST-ZIP 2. 4 CITY-S1-ZIP DETETE TITLE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DETETE TOTLE 4.1 11111 Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHIY - ST - ZIP DELFTE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-\$1-ZIP DELETE TITLE Change 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

64 CITY-S1-ZIP 14. Thereby 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

hment with an address.