

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

FILED  
Mar 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000026779 (6)

1. Corporation Name  
SEA TYLER CORPORATION

Principal Place of Business  
555 HARRISON AVE.  
ASSN.  
CAPE CANAVERAL FL 32920  
US

Mailing Address  
555 HARRISON AVE.  
ASSN.  
CAPE CANAVERAL FL 32920-2318  
US

3. Date Incorporated or Qualified  
04/06/1994

3a. Date of Last Report  
09/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

65-0693323

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

9. Name and Address of Current Registered Agent

FRESE, GARY B  
930 S. HARBOR CITY BLVD.  
SUITE 505  
MELBOURNE FL 32901

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 607.1506, 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

(Type or type stamp name, title, office, street address and telephone number)

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
DPST  
SCHMIDT, ROBERT  
19801 W. BLUEMOUND ROAD  
BROOKFIELD WI 53045

☐ DELETE

12.2 TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

☐ DELETE

12.3 TITLE  
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STREET ADDRESS  
CITY, ST, ZIP

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12.4 TITLE  
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12.5 TITLE  
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12.19 TITLE  
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12.20 TITLE  
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STREET ADDRESS  
CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME ☐ Change ☐ Addition

13.3 STREET ADDRESS ☐ Change ☐ Addition

13.4 CITY-ST-ZIP ☐ Change ☐ Addition

2 1 TITLE ☐ Change ☐ Addition

2 2 NAME ☐ Change ☐ Addition

2 3 STREET ADDRESS ☐ Change ☐ Addition

2 4 CITY-ST-ZIP ☐ Change ☐ Addition

3 1 TITLE ☐ Change ☐ Addition

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5 4 CITY-ST-ZIP ☐ Change ☐ Addition

6 1 TITLE ☐ Change ☐ Addition

6 2 NAME ☐ Change ☐ Addition

6 3 STREET ADDRESS ☐ Change ☐ Addition

6 4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I, the undersigned, 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.

SIGNATURE:

Robert Schmidt

ROBERT SCHMIDT

3-6-97

414-784-3233

SIGNATURE AND TYPE (OR PRINTED) NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0100007

CR2E034 (9/96)