

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

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000052091 (3)**

1. Corporation Name

SEALCO OF SOUTHWEST FLORIDA, INC.



Principal Place of Business 1620 GALLEON COURT MARCO ISLAND FL 33937		Mailing Address 950 N. COLLIER BLVD SUITE 301 MARCO ISLAND FL 33937 P.O. Box 990039 NAPLES, FL 34116-6060		3. Date Incorporated or Qualified 07/14/1984	3a. Date of Last Report 05/01/1996
2. Principal Place of Business 21 1920 KIRK TERRACE	2a. Mailing Address 26 4 W.D. KRAMER	4. FEI Number 65-0330255		Applied For Not Applicable	
Suite, Apt. #, etc. 22		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
City & State 23 MARCO ISLAND, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
Zip 24 34145	Country 25 US	Zip 29 34116-6060	Country 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KRAMER, WILLIAM D 950 N. COLLIER BLVD SUITE 301 MARCO ISLAND FL 33937		10. Name and Address of New Registered Agent 81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 1838 40TH TERRACE SW 83 84 City NAPLES FL 85 Zip Code 34116	
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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 *William D. Kramer* **WILLIAM D. KRAMER** **4/21/97**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLLOWAY, ROBERT B		1.2 NAME	
STREET ADDRESS 1620 GALLEON COURT		1.3 STREET ADDRESS 1920 KIRK TERRACE	
CITY-ST-ZIP MARCO ISLAND FL 33937		1.4 CITY-ST-ZIP MARCO ISLAND, FL 34145	
TITLE VS	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLLOWAY, CHRISTOPHER A		2.2 NAME	
STREET ADDRESS 1620 GALLEON COURT		2.3 STREET ADDRESS 1920 KIRK TERRACE	
CITY-ST-ZIP MARCO ISLAND FL 33937		2.4 CITY-ST-ZIP MARCO ISLAND, FL 34145	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOLLOWAY, BRADLEY B		3.2 NAME	
STREET ADDRESS 1620 GALLEON COURT		3.3 STREET ADDRESS 1920 KIRK TERRACE	
CITY-ST-ZIP MARCO ISLAND FL 33937		3.4 CITY-ST-ZIP MARCO ISLAND, FL 34145	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Robert Holloway* **ROBERT HOLLOWAY** **PRESIDENT** **3/14/97** **941 642-0906**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)