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|--|--|--|-----------------------|------------------------|--|--|
| FILE | NOW: FILING FEE A | FTER MAY 1ST | IS \$5 | 50.00 | FILED | |
| | PROFIT | FLORIDA DEPARTMENT OF STATE | | | Apr 22 1998 8:00am | |
| | RPORATION A A A A A A A A A A A A A A A A A A A | | B. Morti | | - | |
| | 1998 | DIVISION OF | ary of Sta CORPOF | | Secretary of State | |
| | | 050001 (2) | \ \ | | | |
| 1. Corporation | n Namo | 052091 (3) |) | | | |
| SEALCO | o of southwest florid | A, INC. | | | L (ROUDON) (AR 1011) OKRY ROKK ROKK DOKK ROKU ROKU ROKU ADUA (ARKI ADUA 1010) AD | |
| | | | | | | |
| Principal Place of Business Mailing Address 1920 KIRK TERRACE C/O W.D.KRAMER | | | | | | |
| MARCO ISLAT | | P O BOX 990039 NAPLES FL 34116-6060 | | | DO NOT WRITE IN THIS SPACE | |
| | | US | | | 3. Date Incorporated or Qualified | |
| 2. Principal P | tace of Business | 2a. Mailing Address | | | 07/14/1994 4. FEI Number Applied For | |
| 21 Suite, Apt #, etc. | | 26] Suite, Apl. #, etc. | | | 65-0330255 Not Applicable | |
| 22 | W, O(G. | 27 | | | 5. Certificate of Status Desired Status Desired Status Desired Fee Required | |
| City & State | 0 | City & State | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | |
| Zip | Country | Ζφ | | untry | 8. This corporation owes or has paid the current year Intangible | |
| 24 | 25 9. Name and Address of Current | 29 Registered Agent | 30 | T | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | |
| | AMER, WILLIAM D | · · · · · · · · · · · · · · · · · · · | | 61 Name | | |
| | 38 40TH TERRACE SW PLES FL 34116 | | | 82 Street A | Address (P.O. Box Number is Not Acceptable) | |
| | | | | 63 | | |
| | | | | B4 City | FL 85 Zip Code - | |
| office or r | edistered agent, or both, in the State | of Florida. Such change was | authorize | ed by the corp | corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered | |
| agent. I a SIGNATURE | m familiar with, and accept the obliga | tions of, Section 607.0505, F | lorida Sta | lutes. | · · · · · · | |
| | Signature, typed or protect name of registered ager OFFTICE RS AND | | DIE Registere | ed Agent signature | required when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TOLF | Р | DELFTE | 1.11 | ITLE | | |
| NAME STREET ADDRESS | HOLLOWAY, ROBERT B 1920 KIRK TERRACE | | | IAME ITREET ADORESS | | |
| CITY-ST-ZIP | MARCO ISLAND FL | | | SITY-SI-ZIP | 34145 | |
| TITLE NAME | VS Holloway, Christopher A | DELETE | 211 22 M | | Change Addition | |
| STREET ADDRESS | 1920 KIRK TERRACE | v | | TREET ADDRESS | | |
| CITY-ST-ZIP TITLE | MARCO ISLAND FL | | <u>2 4</u> 31 T | CITY-ST-ZIP | 34145 Change Addition | |
| NAME | HOLLOWAY, BRADLEY B | | 321 | | | |
| STREET ADDRESS | 1920 KIRK TERRACE | | | TREET ADDRESS | 34145 | |
| CHTY-ST-ZH ¹ Thtlf | MARCO ISLAND FL | DELETE | <u>34.</u> 4.1 T | DITY-ST-ZIP ITLE | Change Addition | |
| NAME | | | 4.2 | NAME | | |
| STREET ADDRESS | | | | TREET ADDRESS | | |
| CHTY-ST-ZHP TITLE | | | 4.4 C 5 1 T | ATY-ST-ZAP ATLE | Change Addition | |
| NAME | | _ | 521 | ł | | |
| \$1REET ADDRESS | | | | TREET ADDRESS | | |
| CITY-ST-24F TIFLE | | DELFTE | <u>5.4 (</u> 6.1 1 | HTY-ST-ZIP | Change Addition | |
| NAME | | | 6.2 N | | | |
| STREET ADDRESS | | | 6.3 5 | THEET ADDRESS | | |
| CITY-ST-ZIP | partify that the information supplier? | Na this filma doos not availa | Ene the air | ITY-ST-ZIP | d in Section 119.07(3)(i), Florida Statutes. I further certify that the information | |
| indicated | on this annual report or supplied wi director of the compration or the rece | annual report is true and ac | courate an | d that my sign | The section of the same legal effect as if made under oath, that I am an a section shall have the same legal effect as if made under oath; that I am an a sequired by Chapter 607, Florida Statutes; and that my name appears in 0° , HolLowAY SIDENT $44/15/07$ $44/-348-0272$ | |
| Block 12 | or Bluck 13 if changed, o on an olde | ty and will al address | R | OPELT S | O. HOLLOWAY / / - | |
| SIGNAT | UBE, Ala | Apollon | -1- | PRES | SIDENT 4/11/98 941-348-0272 | |