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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

OTY-ST-Z-



FLORIDA DEPARTMENT OF STATE

FILED

Apr 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000023728 (5)

NORTH FLORIDA SEA STORES INC.

Principal Place of Business Mailing Address 2336 N. LIBERTY ST. 2336 N. LIBERTY ST. JACKSONVILLE FL 32206-3016 JACKSONVILLE FL 32206 3a. Date of Last Report 3. Date Incorporated or Qualified 03/24/1995 01/23/1996 2. Principal Piace of Business 2a. Mailing Address Applied For Not Applicable 59-3314364 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. \Box 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 28 Trust Fund Contribution Added to Fees 23 Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JACKSON, LARRY R 2336 N. LIBERTY ST. Street Address (P.O. Box Number is Not Acceptable) 82 JACKSONVILLE FL 32206 83 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. Lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Physiatio I typed respective name of negligibility agent and title it appoinable (NDTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 13. 12. Change ■ DELETE 1.1 TITLE Id. E 1.2 NAME NAM LARRY R. JACKSON 4816 HOMESTEAD RD. 1.3 STREET ADORESS STREET ADDRESS JACKSONVILLE FL 1.4 CITY-ST-ZIP 087-81-76 Addition DELETE Change 2.1 TITLE HUE 2.2 NAME NAM PENCE, JOSEPH E 2.3 STREET ADDRESS STREET ADDRESS 4616 HOMESTEAD RD. 2. 4 CITY-ST-ZIP JACKSONVILLE FL 32210 C-FY - S1 - 24P ☐ Change Addition DELETE 3.1 TITLE TRIE 3.2 NAME NUMB 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP Official 20 ☐ Change Addition DELETE 41 TITLE 1111 4. 2 NAME NAME 4.3 STREET ADDRESS STEEL LADORESS 4.4 CITY - ST-ZIP CHY-ST 7H Change Addition DELETE 5.1 TITLE THEF 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZIP CHY- \$1, 28 Addition DELETE 617ITLE 1 ILF 62 NAME NAME

appears in Block To or Block 13 of changed or on an attachment with an address.

SIGNATURE: Asserting as polytrop name of signing of Flore on principal and Transport of Signing Of Signing

6.3 STREET ADDRESS

64 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