

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000023728

1. Corporation Name

NORTH FLORIDA SEA STORES INC.

Principal Place of Business

2336 N. LIBERTY ST.
JACKSONVILLE FL 32206

Mailing Address

2336 N. LIBERTY ST.
JACKSONVILLE FL 32206

2. Principal Place of Business

21 [26]

Suite, Apt. #, etc

22 [27]

City & State

23 [28]

Zip

24 [25]

Country

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

JACKSON, LARRY R
2336 N. LIBERTY ST.
JACKSONVILLE FL 32206

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature requires active insulation

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	<input type="checkbox"/> DELETE	11 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY R. JACKSON		12 NAME Larry R. Jackson
STREET ADDRESS	4616 HOMESTEAD RD.		13 STREET ADDRESS 1326 Hollywood Ave.
CITY-ST-ZIP	JACKSONVILLE FL		14 CITY-ST-ZIP Jacksonville, FL 32205 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST	<input type="checkbox"/> DELETE	21 TITLE ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENCE, JOSEPH E		22 NAME Pence, Joseph E
STREET ADDRESS	4616 HOMESTEAD RD.		23 STREET ADDRESS 1326 Hollywood Ave.
CITY-ST-ZIP	JACKSONVILLE FL 32210		24 CITY-ST-ZIP Jacksonville, FL 32205 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			32 NAME
STREET ADDRESS			33 STREET ADDRESS
CITY-ST-ZIP			34 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY-ST-ZIP			44 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

14. I 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, with all other like empowered

SIGNATURE: *Larry R. Jackson* Larry R. Jackson 3/17/1999 904-358-7605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)