

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000053077 (0)

1. Corporation Name

SEAMAR GOLF, INC.



Principal Place of Business

6624 GATEWAY AVE
SARASOTA FL 34231

Mailing Address

6624 GATEWAY AVE
SARASOTA FL 34231

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

LEWIS, KURT F
6624 GATEWAY AVE
SARASOTA FL 34231

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

07/05/1995

3a. Date of Last Report

4. FET Number

65-0592877

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature typed or printed (Name of registered agent or director)

(NOTE: Registered Agent signature must be typed or printed)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	FRANCIS DESCHAMPS	
STREET ADDRESS	2436 GOLDENROD ST.	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	TREASURER	☐ DELETE
NAME	FRANCIS DESCHAMPS	
STREET ADDRESS	2436 GOLDENROD ST.	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE	SECRETARY	☐ DELETE
NAME	FRANCIS DESCHAMPS	
STREET ADDRESS	2436 GOLDENROD ST.	
CITY-ST-ZIP	SARASOTA, FL 34239	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Francis Deschamps FRANK DESCHAMPS 4/29/96 941-362-0735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

50-

DATE FILED

CR2E034 (12/95)