

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000066003 (1)**

1. Corporation Name

SAMPLE THE SEA, INC.



Principal Place of Business

**1205 ISLAMORADA
PUNTA GORDA FL 33955**

Mailing Address

**1205 ISLAMORADA
PUNTA GORDA FL 33955**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
08/22/1995

3a. Date of Last Report

4. FET Number

☒ 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

9. Name and Address of Current Registered Agent

**SHAFFER, ROGER L
2500 N. MILITARY TRAIL
SUITE 270
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

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 (must be legible and must apply to 11)

Signature typed or printed (must be legible and must apply to 11)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D GOIN, JERRY M**
STREET ADDRESS **1205 ISLAMORADA**
CITY-ST-ZIP **PUNTA GORDA FL 33955**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **P JANET L. GOIN**
2.3 STREET ADDRESS **1205 ISLAMORADA**
2.4 CITY-ST-ZIP **PUNTA GORDA, FL. 33955**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D. PAUL M. GUNN**
3.3 STREET ADDRESS **40209 NEWPORT**
3.4 CITY-ST-ZIP **PLYMOUTH, MI. 48170**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D. GRACE C. GOIN**
4.3 STREET ADDRESS **1820 DOROTHEA RD.**
4.4 CITY-ST-ZIP **BERKELEY, MI. 48072**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-96

941-637-9801

Date

Daytime Phone #

CR2E034 (12/95)