

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 # P95000083053 (5)

1. Corporation Name

SEA MANUFACTURING CORPORATION



Principal Place of Business

1769 LEYBURN COURT
JACKSONVILLE FL 32223

Mailing Address

1769 LEYBURN COURT
JACKSONVILLE FL 32223

3. Date Incorporated or Qualified
10/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 204 N. Elm Avenue

26 204 N. Elm Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FFI Number

Applied For

Applied For

Not Applicable

22 City & State

23 Sanford, FL

27 City & State

28 Sanford, FL

24 Zip

32771

25 Country

USA

29 Zip

32771

30 Country

USA

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

WALLACE, GEORGE B
413 WEST FIRST STREET
SANFORD FL 32771

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

1. 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 the filing date

(NOTE: Registered Agent signature required if change of agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PVST
ADAMS, GARY
1769 LEYBURN COURT
JACKSONVILLE FL 32223

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ADAMS, GARY
1769 LEYBURN COURT
JACKSONVILLE FL 32223

☐ DELETE

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

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

204 N. Elm Avenue
Sanford, Florida 32771

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

204 N. Elm Avenue
Sanford, Florida 32771

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

400001817414
-05/13/96--01005--048
***200.00

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 in 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gary Adams, President

4/27/96

407-322-2239

SG 5-1-96

CR2E034 (12/95)