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

PROFIT CORPORATION ANNIJAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90065 002 \*\*\*158.75

DOCUMENT # P9600005851

SEA COW, INC.

Principal Place of Business	Mailing Address	1 (58)(58) (18 (51)) 51(1 53)(1
420 WHITMAN ROAD WINTER HAVEN FL 33884	420 WHITMAN ROAD WINTER HAVEN FL 33884	DO NOT WRITE IN THIS SPACE
1		3. Date Incorporated or Qualifed

01/19/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3365742 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing  $\Box$ Added to Fees Trust Fi nd Contribution 23 28 Country ZipZip Count: v 8. This corporation owes the current year ir tangible ☐ Yes []No Personal Property Tax. 30 24 25 29 10. Name and Address of New Registerer Agent 9. Name and Address of Current Registered Agent 81 BENNETT, BARRY W 82 Street Address (P.O. Box Number is Not Acceptable) 60 SECOND STREET SE WINTER HAVEN FL 33880 83 84 City Zip Ccde 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 nan e of registered agent and title if applicable (NOTE Registered Agent signature requi ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE TITLE 1.1 TITLE HALLMARK, STACEY M NAME 1.2 NAME 140 LOWELL ROAD SE 13 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 2.1 TITLE TITI F QUINN, EVAN B 22 NAME NAME **420 WHITMAN ROAD** 2.3 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition OELETE TITLE 31 TITLE QUINN, BRENDA J 3.2 NAME NAME **420 WHITMAN ROAD** 3.3 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 4.1 TITLE TITLE QUINN, COURTNEY R NAME 4. 2 NAME STREET ADDRESS **420 WHITMAN ROAD** 4.3 STREET ADDRESS WINTER HAVEN FL C(TY-ST-Z)P 4.4 CITY-ST-ZIP Addition Change DELFTE 5.1 TITLE TITLE 5.2 NAME QUINN, TERENCE B NAME 53 STREET ADDRESS **420 WHITMAN ROAD** STREET ADDRESS 54 CITY-ST-ZIP WINTER HAVEN FL CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 14. I heret y certify that the informa ion 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 in the like empowered.

6.4 CITY-ST-ZIP

CR2E034