

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90027 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000025237

1. Corporation Name
SEASELLERS, INC.

Principal Place of Business
1209 DIXIE CUTOFF ROAD
STUART FL 34997

Mailing Address
1209 DIXIE CUTOFF ROAD
STUART FL 34997



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/21/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0650383	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

RANTINELLA, JOHN V SR
140 VICTORIAN LANE
JUPITER FL 33458

Address change only

10. Name and Address of New Registered Agent

81	Name	RANTINELLA, JOHN V. SR	
82	Street Address (P.O. Box Number is Not Acceptable)		
83	City	3071 MAINSAIL CIRCLE	
84	City	FL	85 Zip Code 33477

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RANTINELLA, JOHN V SR.	1.2 NAME	
STREET ADDRESS	1209 DIXIE CUTOFF ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	1.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	RANTINELLA, PATRICIA	2.2 NAME	
STREET ADDRESS	1209 DIXIE CUTOFF ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 I am empowered.

SIGNATURE:

Signature of Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-99 561-287-8599

CR2E034 (11/98)