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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

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P96000029405 (3)

SEA OATS, INC.

Principal Place of Business	Mailing Addr
2539 S ATLANTIC AVE	2539 S ATL

## **FILED** Apr 16 1998 8:00am Secretary of State



ANTIC AVE DAYTONA BEACH SHORES FL 32118 DAYTONA BEACH SHORES FL 32118 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3376569 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 30 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PALMETTO CHARTER SERVICES INC 150 MAGNOLIA AVE 82 Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32115-2491 83 84 City 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, typed or printed name of registered agent and title if application (NOTF: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13, DELETE Change Addition TITLE 1.1 TITLE **ELLIOTT, PHILIP H JR** 1.2 NAME NAME **435 OCEAN SHORE BLVD** STREET ADDRESS 1.3 STRFET ADDRESS **ORMOND BEACH FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE KULZER, JAMES F JR NAME 2.2 NAME 325 RIVERSIDE DRIVE STREET ADDRESS 2.3 STREET ADDRESS ORMOND BEACH FL CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Addition Change TITLE 3 1 THEE MEADOWS, RICHARD W. NAME 3.2 NAME 56 OAKVIEW CIR. STREET ADDRESS 3.3 STREET ADDRESS **ORMOND BEACH FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP Change TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE ☐ Change Addition TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - S1 - ZIP

14. Thereby 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