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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000045026 (7)**

1. Corporation Name
THE SEASIDE PSYCHOLOGICAL AND SAILING COMPANY

Principal Place of Business
901 OCEAN BOULEVARD
SEA PLACE 18
ATLANTIC BEACH FL 32233

Mailing Address
901 OCEAN BOULEVARD
SEA PLACE 18
ATLANTIC BEACH FL 32233-5458

3. Date Incorporated or Qualified: 05/20/1996
3a. Date of Last Report: n/a

2. Principal Place of Business
21 901 Ocean Blvd.
Suite, Apt. #, etc.
22 Sea Place 18
City & State
23 Atlantic Beach, FL
Zip 24 32233 Country 25 USA

2a. Mailing Address
26 901 Ocean Blvd.
Suite, Apt. #, etc.
27 Sea Place 18
City & State
28 Atlantic Beach, FL
Zip 29 32233 Country 30 USA

4. FEI Number: 59-3387880 — 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
GRIFFITH, CAROLYN
901 OCEAN BOULEVARD
SEA PLACE 18
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent
81 Name n/a
82 Street Address (P.O. Box Number is Not Acceptable) n/a
83 n/a
84 City n/a FL 85 Zip Code n/a

11. Pursuant to the provisions of Sections 607.0505 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 _____ 1/3/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	☐ DELETE
NAME	Carolyn Griffith	
STREET ADDRESS	901 Ocean Blvd #18	
CITY-ST-ZIP	Atlantic Beach, FL 32233	
TITLE		☐ DELETE
NAME	n/a	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME	n/a	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME	n/a	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME	n/a	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME	n/a	
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	n/a	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME	n/a	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME	n/a	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	n/a	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	n/a	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	n/a	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE _____ 1/3/97 ANNUAL REPORT

CR2E034 (9/96)