

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

PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN 27 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000057195 (5)

1. Corporation Name
SEA TECH OF NORTH FLORIDA, INC.

Principal Place of Business

**20005 SE HAWTHORNE RD
HAWTHORNE FL 32640**

Mailing Address

**20005 SE HAWTHORNE RD
HAWTHORNE FL 32640-7210**

2. Principal Place of Business

21 **20001 S.E. HAWTHORNE ROAD**

22 Suite, Apt. #, etc.

City & State

23 **HAWTHORNE, FLORIDA**

Zip

Country

24 **32640**

Country

25

2a. Mailing Address

26 **P.O. BOX 1038**

27 Suite, Apt. #, etc.

City & State

28 **HAWTHORNE, FLORIDA**

Zip

29 **32640-1038**

Country

30

3. Date Incorporated or Qualified

06/28/1996

3a. Date of Last Report

4. FEI Number

59-3389132

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$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

**LEDFORD, CHARLES
20005 SE HAWTHORNE RD
HAWTHORNE FL 32640**

10. Name and Address of New Registered Agent

81 Name **LEDFORD, CHARLES D.**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **20001 S.E. HAWTHORNE ROAD**
84 City **HAWTHORNE** 85 Zip Code **FL 32640**

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

TITLE **D** DELETE
NAME **LEDFORD, CHARLES**
STREET ADDRESS **20005 SE HAWTHORNE RD**
CITY-ST-ZIP **HAWTHORNE FL 32640**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** Change Addition
1.2 NAME **LEDFORD**
1.3 STREET ADDRESS **20001 S.E. HAWTHORNE ROAD**
1.4 CITY-ST-ZIP **HAWTHORNE, FL 32640**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME **800002229298-3**
3.3 STREET ADDRESS **-07/02/97--01081--003**
3.4 CITY-ST-ZIP ******165.00 ****165.00**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
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 of this report, or on an attachment with an address.

SIGNATURE

Charles D. Ledford

JB 7-1-97

CR2E034 (9/96)