

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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000024396 (8)

1. Corporation Name

SEABREEZE CUSTOM CANVAS, INC.



Principal Place of Business

Mailing Address

8615 ROSEANN BLVD
NEW PORT RICHEY FL 34654

8615 ROSEANN BLVD
NEW PORT RICHEY FL 34654

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 8538 Bench Dr.		26 8538 Bench Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23 Port Richey, FL.		28 Port Richey, FL.	
Zip	Country	Zip	Country
24 34668	25 US	29 34668	30 US

3. Date Incorporated or Qualified

03/18/1997

4. FEI Number

59-3441188

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DELGADO, SANDRA L
8615 ROSEANN BLVD
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81 Name	Sandra L. Delgado
82 Street Address (P.O. Box Number is Not Acceptable)	9465 Spare Dr.
83	
84 City	New Port Richey
85 Zip Code	FL 34654

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 Sandra L. Delgado Sandra L. Delgado Vice President Secretary Reg. Agent 4/22/98
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	<input type="checkbox"/> DELETE
NAME	MORROW, JACK B	
STREET ADDRESS	8615 ROSEANN BLVD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORROW, PATRICIA L	
STREET ADDRESS	8615 ROSEANN BLVD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORROW, BOBBY W	
STREET ADDRESS	9435 SPARE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORROW, SANRA L	
STREET ADDRESS	9435 SPARE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	P, T
3.3 STREET ADDRESS	Bobby W. Morrow
3.4 CITY-ST-ZIP	9435 Spare Dr New Port Richey, FL 34654
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V, S
4.3 STREET ADDRESS	Sandra L Delgado
4.4 CITY-ST-ZIP	9465 Spare Dr. New Port Richey, FL 34654
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

CR2E034 (10/97)