

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90006 038 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # **P97000024396**

1. Corporation Name

SEABREEZE CUSTOM CANVAS, INC.



Principal Place of Business

8538 BEACH DR
PORT RICHEY FL 34608
US

Mailing Address

8538 BEACH DR
PORT RICHEY FL 34608
US

DO NOT WRITE IN THIS SPACE

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 8606 Bench Drive

Suite, Apt. #, etc.

22 City & State
Port Richey, FL

Zip

24 34668

Country

25 US

2a. Mailing Address

26 8606 Bench Drive

Suite, Apt. #, etc.

27 City & State
Port Richey, FL

Zip

29 34668

Country

30 US

9. Name and Address of Current Registered Agent

DELGADO, SANDRA L
9465 SPARE DR
NEW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 **Sandra L. Delgado**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

7/13/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MORROW, JACK B**
STREET ADDRESS **8615 ROSEANN BLVD**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **D** ☐ DELETE

NAME **MORROW, PATRICIA L**
STREET ADDRESS **8615 ROSEANN BLVD**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **D** ☐ DELETE

NAME **MORROW, BOBBY W**
STREET ADDRESS **9435 SPARE DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **D** ☒ DELETE

NAME **MORROW, SANRA L**
STREET ADDRESS **9435 SPARE DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **PT** ☐ DELETE

NAME **MORROW, BOBBY W**
STREET ADDRESS **9435 SPARE DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34634**

TITLE **VS** ☐ DELETE

NAME **DELGADO, SANDRA L**
STREET ADDRESS **9465 SPARE DR**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Sandra L. Delgado
9465 Spare Dr.
New Port Richey, FL 34654

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.

SIGNATURE: **Sandra L. Delgado** **Sandra L. Delgado**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/13/99 **727-842-4110**

CR2E034 (5/99)