

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90041 027 \*\*\*150.00

DOCUMENT # P97000038888

1. Corporation Name

SAMMIE THE SEA SERPENT SCHOOL SUPPLIES, INC.



Principal Place of Business

429 MAPLE BLUFF CIRCLE  
MELBOURNE FL 32940

Mailing Address

P.O. BOX 411261  
MELBOURNE F: 32941-1262

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 8694 Kimble Way  
Suite, Apt. #, etc.

22

23 Boca Raton FL  
City & State

24 33433 25 Palm Beach  
Zip Country

2a. Mailing Address

26 8122 Glades Road  
Suite, Apt. #, etc.

27

28 Boca Raton, FL  
City & State

29 33434 30 Palm Beach  
Zip Country

3. Date Incorporated or Qualified

05/01/1997

4. FEI Number

59-3443569

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 Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COLEMAN, AMY  
429 MAPLE BLUFF CIRCLE  
MELBOURNE FL 32940

10. Name and Address of New Registered Agent

81 Name

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

8694 Kimble Way

83 Boca Raton FL

84 Boca Raton

FL

85 Zip Code  
33433

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

Amy J. Coleman

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

(NOTE: Registered Agent signature required when reinstating)

4/27/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PERRYMAN, JAMES  
STREET ADDRESS 429 MAPLE BLUFF CIRCLE  
CITY-ST-ZIP MELBOURNE FL 32940

TITLE D ☐ DELETE

NAME COLEMAN, AMY  
STREET ADDRESS 429 MAPLE BLUFF CIRCLE  
CITY-ST-ZIP MELBOURNE FL 32940

TITLE D ☒ DELETE

NAME GARRISON, KENNETH R  
STREET ADDRESS 1151 SANDDUNE LANE #306  
CITY-ST-ZIP MELBOURNE FL 32901

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE:

Amy J. Coleman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

561-477-6248

Daytime Phone #

CR2E034 (1/98)

0342418