NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Jun 09, 2000 8:00 am
Secretary of State
06-09-2000 90015 002 ***150.00

DOCUMENT # P97000055287 (1)

Corporation Name
E.B.S. SEAMANS, INC.

Principal Place of Business
307 VISTA DR
TAMPA FL 33682

Mailing Address
P O BOX 82593
TAMPA FL 33682

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
22 Suite, Apt. #, etc
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified: 06/23/1997
4. FEI Number: 59-3456273 ☐ 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
MEDLAND, JANIE S
307 VISTA DR
TAMPA FL 33682

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

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

OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Janie S. Medland	
STREET ADDRESS	P.O. Box 82593	
CITY-ST-ZIP	Tampa, Florida 33682	
TITLE	Vice President/Treasurer	☐ DELETE
NAME	Earl B.S. Seamans	
STREET ADDRESS	P.O. Box 82593	
CITY-ST-ZIP	Tampa, Florida 33682	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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.

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		

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: Janie S. Medland 4/25/00