

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  
Jun 09, 1999 8:00 am  
Secretary of State

06-09-1999 90003 017 \*\*\*550.00

DOCUMENT # P98000014838

1. Corporation Name

SEA SPRAY PHOTOGRAPHICS, INC.

Principal Place of Business

4747 NEPTUNE DRIVE SE  
ST. PETERSBURG FL 33705

Mailing Address

4747 NEPTUNE DRIVE SE  
ST. PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1998

4. FEI Number

59-3497562

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

2. Principal Place of Business

21 5444 PARK BLVD.  
Suite, Apt., #, etc.

22 Suite 203

City & State

23 PINELLAS PARK, FL

Zip 33718

Country USA

2a. Mailing Address

26 5444 PARK BLVD.  
Suite, Apt., #, etc.

27 Suite 203

City & State

28 PINELLAS PARK, FL

Zip 33718

Country USA

9. Name and Address of Current Registered Agent

SCHULTZ, LORI A  
4747 NEPTUNE DRIVE SE  
ST. PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name

SCHULTZ, LORI A.

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

5444 PARK BLVD., Suite 203

83

84 City

PINELLAS PARK

FL

85 Zip Code

33718

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

*Lori A. Schultz*  
Signature, type or printed name of registered agent and title if applicable

LORI A. SCHULTZ, PRESIDENT

DATE

5-16-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SCHULTZ, LORI A  
STREET ADDRESS 4747 NEPTUNE DRIVE SE  
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME SCHULTZ, LORI A.

1.3 STREET ADDRESS 5444 PARK BLVD., Suite 203

1.4 CITY-ST-ZIP PINELLAS PARK, FL 33718

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:

*Lori A. Schultz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-16-99 (727) 548-4414

0408720

CR2E034 (11/98)