

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  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90204 007 \*\*\*150.00

DOCUMENT # P98000044685

1. Corporation Name

SEA & SHORE REALTY, INC.

Principal Place of Business

985 SEAWAY DR.  
FORT PIERCE FL 34949

Mailing Address

985 SEAWAY DR.  
FORT PIERCE FL 34949

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1998

4. FEI Number

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 1003 SEAWAY  
Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 SAME  
Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BOYD, J. CURTIS  
117 S. 2ND STREET, STE. 208  
FT. PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name PAUL A. TESTA

82 Street Address (P.O. Box Number is Not Acceptable)  
1003 SEAWAY DRIVE

83

84 City FT. PIERCE FL 85 Zip Code 34949

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 Paul A. Testa DIR

(NOTE: Registered Agent signature required when reinstating)

2/4/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME MCMANUS, DORIS  
STREET ADDRESS 985 SEAWAY DR.  
CITY-ST-ZIP FORT PIERCE FL 34949

TITLE D ☐ DELETE  
NAME TESTA, PAUL A  
STREET ADDRESS 985 SEAWAY DR.  
CITY-ST-ZIP FORT PIERCE FL 34949

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIR ☒ Change ☐ Addition  
1.2 NAME MCMANUS, DORIS  
1.3 STREET ADDRESS 1003 SEAWAY DR.  
1.4 CITY-ST-ZIP FORT PIERCE FL 34949

2.1 TITLE DIR ☒ Change ☐ Addition  
2.2 NAME TESTA, PAUL A.  
2.3 STREET ADDRESS 1003 SEAWAY DR.  
2.4 CITY-ST-ZIP FORT PIERCE FL 34949

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: Paul A. Testa DIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)