

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 30 AM 7: 39

DOCUMENT # **S58544** (5)

1. Corporation Name  
**SEA ISLAND TRADERS, INC.**

Principal Place of Business: **953 SHETTER AVE. JACKSONVILLE BCH. FL 32250 US**  
Mailing Address: **1717 BEACH AVE ATLANTIC BCH FL 32233 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/11/1991**  
3a. Date of Last Report: **06/14/1994**

4. Fed Number: **59-3074637**  
Applied For:  Applied For  
Not Applicable:  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 has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-23) and Mailing Address (24-30) details including Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARLETT, BARON L.  
615 HIGHWAY A1A  
SUITE 101  
PONTE VEDRA BEACH FL 32082**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>D</b>	NAME: <b>FORBIS, RICHARD</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>1717 BEACH AVE</b>	CITY-ST-ZIP: <b>ATLANTIC BCH FL</b>	2. NAME	
TITLE: <b>VP</b>	NAME: <b>FORBIS, CAROLINE</b>	3. STREET ADDRESS	
STREET ADDRESS: <b>1717 BEACH AVE</b>	CITY-ST-ZIP: <b>ATLANTIC BCH FL</b>	4. CITY-ST-ZIP	
TITLE:	NAME:	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6. NAME	
TITLE:	NAME:	7. STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	8. CITY-ST-ZIP	
TITLE:	NAME:	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	10. NAME	
TITLE:	NAME:	11. STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	12. CITY-ST-ZIP	
TITLE:	NAME:	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	14. NAME	
TITLE:	NAME:	15. STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	16. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 as an attachment with an address.

SIGNATURE: *Caroline S Forbis* **CAROLINE S FORBIS** 3-24-95 249-1717  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)