

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JUN -7 AM 10: 51

**DOCUMENT # S61292 (6)**

1. Corporation Name  
**SEABUG, INC.**

Principal Place of Business Mailing Address  
**1109 INDIAN RIVER DR  
SEBASTIAN FL 32958  
US** **11098 INDIAN RIVER DR  
SEBASTIAN FL 32958  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/18/1991** 3a. Date of Last Report **05/01/1994**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
			<b>1109 INDIAN RIVER DR.</b>		<b>59-3071671</b>	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under S. 109.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Country	30	Country			
			<b>Sebastian, FL</b>			
			<b>32958</b>			
			<b>USA</b>			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>FOSTER, WILLIAM M 555 WESTMORELAND RD 201 CESSNA BLVD SUITE 5 DAYTONA BCH FL 32114</b>				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	<b>FL</b>	B5

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 reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VP</b>	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOSTER, WILLIAM M</b>	1 2 NAME	
STREET ADDRESS	<b>555 WESTMORELAND RD</b>	1 3 STREET ADDRESS	
CITY - ST - ZIP	<b>DAYTONA BCH FL</b>	1 4 CITY - ST - ZIP	
TITLE	<b>D</b>	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARDSON, VICKI</b>	2 2 NAME	
STREET ADDRESS	<b>1109 INDIAN RIVER DR</b>	2 3 STREET ADDRESS	
CITY - ST - ZIP	<b>SEBASTIAN FL</b>	2 4 CITY - ST - ZIP	
TITLE	<b>D</b>	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARDSON, SCOTT</b>	3 2 NAME	
STREET ADDRESS	<b>1109 INDIAN RIVER DR</b>	3 3 STREET ADDRESS	
CITY - ST - ZIP	<b>SEBASTIAN FL</b>	3 4 CITY - ST - ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 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)(k), 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: *Vicki A. Richardson* **5/23/95** **(407) 388 1555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR