

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # S61292 (6)

1. Corporation Name

SEABUG, INC.

Principal Place of Business

Mailing Address

1109 INDIAN RIVER DR  
SEBASTIAN FL 32958  
US

1109 INDIAN RIVER DR  
SEBASTIAN FL 32958  
US



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

P.O. Box 1479

22

City & State

27

City & State

23

Zip

Country

28

Wabasso FL

24

Country

25

29

32970

30

U.S.

3. Date Incorporated or Qualified

06/18/1991

3a. Date of Last Report

06/07/1995

4. FEI Number

59-3071671

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 has liability for intangible tax under s. 199.032  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

FOSTER, WILLIAM M  
555 WESTMORELAND RD  
201 CESSNA BLVD SUITE 5  
DAYTONA BCH FL 32114

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

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

Signature (typed or printed name of registered agent and the if applicable)

(NOTE: Registered Agent's signature required when removing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME FOSTER, WILLIAM M  
STREET ADDRESS 555 WESTMORELAND RD  
CITY-ST-ZIP DAYTONA BCH FL

TITLE ☐ DELETE

NAME RICHARDSON, VICKI  
STREET ADDRESS 1109 INDIAN RIVER DR  
CITY-ST-ZIP SEBASTIAN FL

TITLE ☐ DELETE

NAME RICHARDSON, SCOTT  
STREET ADDRESS 1109 INDIAN RIVER DR  
CITY-ST-ZIP SEBASTIAN FL

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

☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

P.O. Box 1479  
WABASSO FL 32970

N/A

31 TITLE ☒ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

P.O. Box 1479  
WABASSO FL 32970

N/A

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

000001901920  
-07/23/96--01086--020  
\*\*\*225.00

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 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 199.032(5)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Vicki Richardson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICKI RICHARDSON

6/29/96

(56) 564-2717

CR2E034 (3/96)