

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JAMES B. ALDERMAN
GOVERNOR
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # **VO6362**

(0)

95 MAY -1 AM 8:33

SEAWEED IV OF TAMPA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 01/13/1992	3a. Date of Last Report 04/19/1994
4. FEI Number 59-3113215	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 5-199.032, Florida Statutes. ☐ YES ☒ NO	

2. Principal Place of Business 21. State Apt # etc. 3609 CAUSEWAY CRESCENT TAMPA FL 33619 US	2a. Mailing Address 26. State Apt # etc. 3609 CAUSEWAY CRESCENT TAMPA FL 33619 US
22. City & State Tampa FL	27. City & State Tampa FL
23. Country US	28. Country US
24. Country US	29. Country US
25. Country US	30. Country US

9. Name and Address of Current Registered Agent RICHARDS, HELEN C. 7101 49TH AVENUE SOUTH TAMPA FL 33619	81. Name RICHARDS, HELEN C.	82. Street Address (P.O. Box Number is Not Acceptable) 7101 49TH AVENUE SOUTH	83. City TAMPA	84. State FL	85. Zip Code 33619
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10. Name and Address of New Registered Agent RICHARDS, HELEN C. 7101 49TH AVENUE SOUTH TAMPA FL 33619	81. Name RICHARDS, HELEN C.	82. Street Address (P.O. Box Number is Not Acceptable) 7101 49TH AVENUE SOUTH	83. City TAMPA	84. State FL	85. Zip Code 33619
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11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.15(8), 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 607.01(2)(b), Florida Statutes.

SIGNATURE: *Helen C. Richards* (Signature of Registered Agent) *Helen C. Richards* (Signature of Secretary of State)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY & STATE ZIP	PD RICHARDS, ROBERT S. 7101 49TH AVENUE SO. TAMPA FL	1. TITLE NAME STREET ADDRESS CITY & STATE ZIP	☐ Change ☐ Addition
2. TITLE NAME STREET ADDRESS CITY & STATE ZIP	STD RICHARDS, HELEN C. 7101 49TH AVENUE SO. TAMPA FL	2. TITLE NAME STREET ADDRESS CITY & STATE ZIP	☐ Change ☐ Addition
3. TITLE NAME STREET ADDRESS CITY & STATE ZIP		3. TITLE NAME STREET ADDRESS CITY & STATE ZIP	☐ Change ☐ Addition
4. TITLE NAME STREET ADDRESS CITY & STATE ZIP		4. TITLE NAME STREET ADDRESS CITY & STATE ZIP	☐ Change ☐ Addition
5. TITLE NAME STREET ADDRESS CITY & STATE ZIP		5. TITLE NAME STREET ADDRESS CITY & STATE ZIP	☐ Change ☐ Addition
6. TITLE NAME STREET ADDRESS CITY & STATE ZIP		6. TITLE NAME STREET ADDRESS CITY & STATE ZIP	☐ Change ☐ Addition
7. TITLE NAME STREET ADDRESS CITY & STATE ZIP		7. TITLE NAME STREET ADDRESS CITY & STATE ZIP	☐ Change ☐ Addition
8. TITLE NAME STREET ADDRESS CITY & STATE ZIP		8. TITLE NAME STREET ADDRESS CITY & STATE ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.01(2)(b), Florida Statutes. I further certify that the information is true and correct and that my signature shall have the same effect as if it were made under oath. I am familiar with and accept the obligations of Section 193.01(2)(b), Florida Statutes, and that my name appears on Block 12 or Block 13 as required by Chapter 193, Florida Statutes.

SIGNATURE: *Helen C. Richards* (Signature of Registered Agent) *Helen C. Richards* (Signature of Secretary of State)
4/21/95
813-247-2123