## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION ' Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V37419 (1)OCEA PRODUCTS, INC. Principal Place of Business Mailing Address 1942 HWY 87 1942 HWY 87 NAVARRE FL 32566 NAVARRE FL 32566 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/18/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3127579 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional X 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. Yes ☐ No 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent IACOBELLA, NANCY ARRY LACUBELLAS 2148 CALLE DE CASTERLAR Street Address (P.O. Box Number is Not Acceptable) 82 NAVARRE FL 32566 NAVARRE 1508, Florida Statues, the above-named corporation submits this statement for the purpose of changing its registered Such or large frag authorized by the corporation's board of directors, I bereby accept the appointment as registered Pursuant to the provisions of Sections 607.0502 and office or registered agent, or both in the State of Flor agent. I am familiar with, and accept the obligations 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE Change Addition IACOBELLA, LARRY NAME 1.2 NAME 2148 CALLE DE CASTERLAR STREET ADDRESS 1.3 STREET ADORESS NAVARRE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change Addition 2.1 TITLE IACOBELLA, NANCY 2.2 NAME 2148 CALLE DE CASTERLAR STREET ADDRESS 2 3 STREET ADDRESS NAVARRE FL 32568 CITY-ST-ZIP 2 4 CiTY-ST-ZIP DELETE TITLE 3 1 TITLE Change ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-S1-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 effect this tepor 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.

6 1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

NATURE AND TYPE OF PRINTED NAME OF SKINING OFFICER OR DIRECTOR

DELETE

resident 4/15/98

850 939-0426 Daylinie Phone # 0511370

Addition