

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V41765**

(1)

1. Corporation Name

**SEA SPILL SOUTH, INC.**



Principal Place of Business

Mailing Address

**3839 4TH STREET NORTH  
ST. PETERSBURG FL 33703  
US**

**POST OFFICE BOX 673  
ST. JAMES CITY FL 33956-0673  
US**

3. Date Incorporated or Qualified

**06/05/1992**

3a. Date of Last Report

**02/14/1996**

2. Principal Place of Business

2a. Mailing Address

**21 2968 Bracci Dr.**  
Suite, Apt. #, etc.

**26**  
Suite, Apt. #, etc.

4. FEI Number

**59-3127288**

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

10. Name and Address of New Registered Agent

**FATTA, JOHN  
3903 SE 11TH AVENUE  
CAPE CORAL FL 33904**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
**2968 Bracci Dr..**

83

84 City  
**St. James City**

**FL**

85 Zip Code  
**33956**

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 of registered agent or registered agent and the applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE

1.1 TITLE **D/P** ☒ Change ☐ Addition

NAME **FATTA, JOHN**

12 NAME

STREET ADDRESS **3903 SE 11TH AVENUE**

13 STREET ADDRESS **2968 Bracci Dr.**

CITY-ST-ZIP **CAPE CORAL FL**

14 CITY-ST-ZIP **St. James City, FL 33956**

TITLE **DC** ☐ DELETE

21 TITLE **DC** ☐ Change ☐ Addition

NAME **FROHNHOEFER, JOSEPH J.**

22 NAME

STREET ADDRESS **POST OFFICE BOX 1178**

23 STREET ADDRESS **1560 Youngs Ave**

CITY-ST-ZIP **SOUTHOLD NY**

24 CITY-ST-ZIP **Southold, NY 11971**

TITLE **S** ☐ DELETE

31 TITLE **S** ☒ Change ☐ Addition

NAME **FATTA, JUDY A.**

32 NAME

STREET ADDRESS **3903 SE 11TH AVENUE**

33 STREET ADDRESS **2968 Bracci Dr.**

CITY-ST-ZIP **CAPE CORAL FL**

34 CITY-ST-ZIP **St. James City, FL 33956**

TITLE **T** ☐ DELETE

41 TITLE **T** ☐ Change ☐ Addition

NAME **FROHNHOEFER, GEORGIA M**

42 NAME

STREET ADDRESS **POST OFFICE BOX 1178**

43 STREET ADDRESS **1560 Youngs Ave**

CITY-ST-ZIP **SOUTHOLD NY**

44 CITY-ST-ZIP **Southold, NY 11971**

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-ST-ZIP

54 CITY-ST-ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-ST-ZIP

64 CITY-ST-ZIP

14. I do 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 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:

 **JOHN FATTA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-17-97 941-283-3808**  
Date Daytime Phone #

0407886

CR2E034 (9/96)