

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90055 034 ***150.00

DOCUMENT # V41765

1. Corporation Name

SEA SPILL SOUTH, INC.

Principal Place of Business

2968 BRACCI DRIVE
ST JAMES CITY FL 33956
US

Mailing Address

POST OFFICE BOX 673
ST. JAMES CITY FL 33956
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1992

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 6 FISHERMANS CIRCLE

2a. Mailing Address

26 P.O. Box 730536

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #6

27

City & State

23 ORMOND BEACH, FL

City & State

28 ORMOND BEACH, FL

Zip Country

24 32174

Zip Country

29 32173-0536

30

9. Name and Address of Current Registered Agent

FATTA, JOHN
2968 BRACCI DR
ST JAMES CITY FL 33956

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6 FISHERMANS CIRCLE #6

83

84 City

ORMOND BEACH

FL

85 Zip Code

32173-0536

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
FATTA, JOHN
STREET ADDRESS 2968 BRACCI DRIVE
CITY-ST-ZIP ST JAMES CITY FL

TITLE ☐ DELETE

NAME CD
FROHNHOEFER, JOSEPH J.
STREET ADDRESS 1560 YOUNGS AVE.
CITY-ST-ZIP SOUTHOLD NY

TITLE ☐ DELETE

NAME S
FATTA, JUDY A.
STREET ADDRESS 2968 BRACCI DRIVE
CITY-ST-ZIP ST JAMES CITY FL

TITLE ☐ DELETE

NAME T
FROHNHOEFER, GEORGIA M
STREET ADDRESS 1560 YOUNGS AVE.
CITY-ST-ZIP SOUTHOLD NY

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

6 FISHERMANS CIRCLE #6
ORMOND BEACH, FL 32173-0536

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

6 FISHERMANS CIRCLE #6
ORMOND BEACH, FL 32173-0536

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-99 904-677-7888

Date

Daytime Phone #

CR2E034 (11/98)