FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 10:24

DOCUMENT # V59928 (4)

1. Corporation Name
SIX SEAS LIMITED INC.

Principal Place of Business	Mailing Address
FRANCIS X. COLLETON 3959 COUNTRY VIEW DRIVE SARASOTA FL 34233	FRANCIS X. COLLETON 3959 COUNTRY VIEW DRIVE SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/25/1992
3a. Date of Last Report: 01/27/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-3142015 ☐ 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

COLLETON, FRANCIS X
4946 61ST AVENUE SOUTH
ST PETERSBURG FL 33715

10. Name and Address of New Registered Agent

81 Name: FRANCIS X. COLLETON
82 Street Address (P.O. Box Number is Not Acceptable): 3959 COUNTRY VIEW DRIVE
83
84 City: SARASOTA FL 85 Zip Code: 34233

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	☒ Change ☐ Addition
NAME	COLLETON, ELIZABETH A	1.2 NAME	
STREET ADDRESS	~~4946 61ST AVENUE SOUTH~~	1.3 STREET ADDRESS	3959 COUNTRY VIEW DRIVE
CITY-ST-ZIP	~~ST PETERSBURG FL~~	1.4 CITY-ST-ZIP	SARASOTA FL 34233
TITLE	SCD	2.1 TITLE	☒ Change ☐ Addition
NAME	COLLETON, FRANCIS X	2.2 NAME	
STREET ADDRESS	~~4946 61ST AVENUE SOUTH~~	2.3 STREET ADDRESS	3959 COUNTRY VIEW DRIVE
CITY-ST-ZIP	~~ST PETERSBURG FL~~	2.4 CITY-ST-ZIP	SARASOTA FL 34233
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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 above, or on an attachment with an appropriate designation.

SIGNATURE: FRANCIS X. COLLETON 1/14/95 813-921-0066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0340420 CP