

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 400070 (9)

1. Corporation Name
SEAWAKE, INC



Principal Place of Business: 1820 SOUTH HIGHLAND CLEARWATER FL 34616
Mailing Address: 1820 SOUTH HIGHLAND CLEARWATER FL 34616

3. Date Incorporated or Qualified: 04/26/1972
3a. Date of Last Report: 01/20/1995
4. FEI Number: 59-1389302
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

2. Principal Place of Business: 21. 437 St. Andrews Dr. 22. ~~Bellevue, FL~~ 23. BELLEAIR, FL 24. 34616
2a. Mailing Address: 26. 437 St. Andrews Dr. 27. ~~Bellevue, FL~~ 28. BELLEAIR, FL 29. 34616 30. USA

9. Name and Address of Current Registered Agent

PEACOCK, RAY J.
2438 SUNSET PT. ROAD SUITE B.
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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, s. 607.0502, Florida Statutes.

SIGNATURE: *David M Wakely*

NOTE: Registered Agent signature featured below for State of Florida

Wakely

12. OFFICERS AND DIRECTORS		DELETE
TITLE: PD	NAME: WAKELY, DAVID M	<input type="checkbox"/>
STREET ADDRESS: 1820 S HIGHLAND AVENUE	CITY-STATE-ZIP: CLEARWATER, FL 00000	
TITLE: SD	NAME: WAKELY, FRANCES B.	<input type="checkbox"/>
STREET ADDRESS: 437 ST. ANDREWS DR.	CITY-STATE-ZIP: BELLEAIR FL	
TITLE: VD	NAME: WAKELY, BEMA S	<input type="checkbox"/>
STREET ADDRESS: 1100 PONCE DE LEON BLVD	CITY-STATE-ZIP: CLEARWATER FL	
TITLE:	NAME:	<input type="checkbox"/>
STREET ADDRESS:	CITY-STATE-ZIP:	
TITLE:	NAME:	<input type="checkbox"/>
STREET ADDRESS:	CITY-STATE-ZIP:	
TITLE:	NAME:	<input type="checkbox"/>
STREET ADDRESS:	CITY-STATE-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1. TITLE	2. NAME	<input type="checkbox"/>	<input type="checkbox"/>
3. STREET ADDRESS	4. CITY-STATE-ZIP		
5. TITLE	6. NAME	<input type="checkbox"/>	<input type="checkbox"/>
7. STREET ADDRESS	8. CITY-STATE-ZIP		
9. TITLE	10. NAME	<input type="checkbox"/>	<input type="checkbox"/>
11. STREET ADDRESS	12. CITY-STATE-ZIP		
13. TITLE	14. NAME	<input type="checkbox"/>	<input type="checkbox"/>
15. STREET ADDRESS	16. CITY-STATE-ZIP		
17. TITLE	18. NAME	<input type="checkbox"/>	<input type="checkbox"/>
19. STREET ADDRESS	20. CITY-STATE-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)(k), 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: *David M Wakely*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

CR2E034 (12/95)