

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

P9300004592

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF REVENUE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P9300004592**
1. Corporation Name
SEYBOLD ASSOCIATES, INC.

| | | | | | | | |
|--------------------------------|--|---------------------|--|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21. 200 S. ORANGE AVE. | | 26. | | 4. FEI Number 59-3163096 | | Applied For Not Applicable | |
| 22. 1900 | | 27. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23. ORLANDO FL | | 28. | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24. 32801 | | 29. | | 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| <p><i>(I visited him and told him to file an amendment to change R.A. address) →</i></p> | | | | B1 Name LOUIS R. SEYBOLD | | | |
| | | | | B2 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | B3 200 S. ORANGE AVE. SUITE 1900 | | | |
| | | | | B4 City ORLANDO B5 Zip Code FL 32801 | | | |

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. Thereby accept the appointment as registered agent of the corporation and accept the appointment of Section 607.0505 Florida Statutes.

SIGNATURE: LOUIS R. SEYBOLD 9-29-97

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Corporate address change only

(only allow 10/1/97)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c) 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, with an attachment with an address.

SIGNATURE: LOUIS R. SEYBOLD 9-29-97 407-294-2000

CR2E034 (9/96)