

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00** 2-2295 B-452-C

**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 FEB 22 11:10:02

**DOCUMENT # P94000092894 (2)**

1. Corporation Name

**SENECA FEDERAL CORPORATION**

DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**3101 59TH AVE. DR. EAST  
BRADENTON FL**                      **3101 59TH AVE. DR. EAST  
BRADENTON FL**

3. Date Incorporated or Qualified      3b. Date of Last Report  
**12/22/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	<b>3009 59TH AVE. DR E</b>	26		<b>65-0549413</b>		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing / Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23	<b>BRADENTON, FL 34203</b>	28					
24	Zip <b>34203</b>	25	Country <b>US</b>	29	Zip	30	Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>JOHNSON, LYNN M 3101 59TH AVE. DR. EAST BRADENTON FL</b>				81	Name <b>DAVID D. BONE, P.A.</b>		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>766 HUDSON AVE., SUITE B</b>		
				83			
				84	City <b>SARASOTA</b>	85	Zip Code <b>FL 34236</b>

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: *David D. Bone*      DATE: **2-16-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	<b>PVST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	<b>JOHNSON, LYNN M</b>
STREET ADDRESS		13 STREET ADDRESS	<b>5850 DOVE ROAD</b>
CITY- ST- ZIP		14 CITY- ST- ZIP	<b>SARASOTA, FL 34241</b>
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY- ST- ZIP		24 CITY- ST- ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY- ST- ZIP		34 CITY- ST- ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

14. I, the undersigned, certify that the information supplied with this filing, voluntarily furnished and does not qualify for the exemption stated in Section 193.02(2)(b), 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. 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: *Lynn M Johnson*      DATE: **2-16-95**      **753-2199**

*David D. Bone, P.A.*  
Attorney at Law

766 Hudson Avenue, Suite B  
Sarasota, Florida 34236

(813) 365-6969  
(813) 951-0356 Fax

February 17, 1995

Division of Corporations  
Annual Reports  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

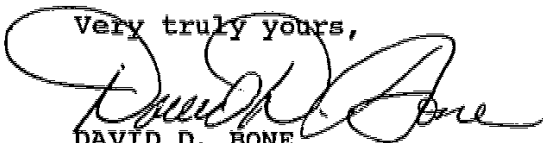
Re: SENECA FEDERAL CORPORATION

Dear Ladies/Gentlemen:

Enclosed please find the Tax Report and check made payable to the Department of State in the amount of \$200.00 regarding the above referenced matter.

If you have any questions, please feel free to contact me.

Very truly yours,

  
DAVID D. BONE

DDB/nre  
Enclosures  
let-wrk\seneca