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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90046 024 ***150.00

USA-3600

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P97000093953

1. Corporation Name
SEABOARD AVENUE DEVELOPMENT, INC.



Principal Place of Business
 9551 BAYMEADOWS ROAD
 SUITE 4
 JACKSONVILLE FL 32256
 US

Mailing Address
 9551 BAYMEADOWS ROAD
 SUITE 4
 JACKSONVILLE FL 32256
 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
10/27/1997

4. FEI Number
59-3486251

5. Certificate of Status Desired Applied For
 Not Applicable
\$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

9. Name and Address of Current Registered Agent
STOKES, E C JR
9551 BAYMEADOWS ROAD
SUITE 4
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 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, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	STOKES, E C JR	
STREET ADDRESS	9551 BAYMEADOWS ROAD SUITE 4	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PUTNAL, JAMES E	
STREET ADDRESS	9551 BAYMEADOWS ROAD SUITE 4	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRAREN, MICHAEL E	
STREET ADDRESS	9551 BAYMEADOWS ROAD SUITE 4	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WALLACE, L D	
STREET ADDRESS	9551 BAYMEADOWS ROAD SUITE 4	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FREDENHAGEN, SHARON W	
STREET ADDRESS	9551 BAYMEADOWS ROAD SUITE 4	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HICE, SHERRY	
STREET ADDRESS	9551 BAYMEADOWS ROAD SUITE 4	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Sherry Hice Sherry Hice 4/23/99 904/739-2249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)