

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # V29797 (0)**

1. Corporation Name  
**SEAGRAPE DEVELOPMENT CORPORATION**



Principal Place of Business  
**17499 MCGREGOR BLVD  
FT MYERS FL 33908**

Mailing Address  
**17499 MCGREGOR BLVD  
FT MYERS FL 33908**

3. Date Incorporated or Qualified **04/16/1992** 3a. Date of Last Report **08/14/1995**

4. FEI Number **65-0326586** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**NAUMANN, MARK C.  
17499 MCGREGOR BLVD  
FT MYERS FL 33908**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARLTON, RICK W.</b>	1.2 NAME	
STREET ADDRESS	<b>17499 MCGREGOR BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS FL</b>	1.4 CITY-ST-ZIP	<b>33908</b>
TITLE	<b>SD</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NAUMANN, MARK C.</b>	2.2 NAME	
STREET ADDRESS	<b>17499 MCGREGOR BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS FL</b>	2.4 CITY-ST-ZIP	<b>33908</b>
TITLE	<b>VTD</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DUNBAR, ELLEN</b>	3.2 NAME	
STREET ADDRESS	<b>16998 CAPTIVA DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPTIVA FL</b>	3.4 CITY-ST-ZIP	<b>33924</b>
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-96**

Date

Daytime Phone #

CR2E034 (12/95)