

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L23023

**FILED**  
**Feb 17, 2016**  
**Secretary of State**  
**CC2232688828**

**Entity Name:** SEAHORSE SHOPPING CENTER, INC.

**Current Principal Place of Business:**

C/O JOHN T. NAPPI  
362 PERIWINKLE WAY  
SANIBEL, FL 33957

**Current Mailing Address:**

C/O JOHN T. NAPPI  
362 PERIWINKLE WAY  
SANIBEL, FL 33957

**FEI Number:** 65-0142355

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NAPPI, JOHN T  
C/O SEAHORSE SHOPPING CENTER INC.  
362 PERIWINKLE WAY  
SANIBEL, FL 33957 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name NAPPI, JOHN T  
Address 16224 EDGEMONT DR  
City-State-Zip: FT MYERS FL 33908

Title SD  
Name NAPPI, THOMAS  
Address 16224 EDGEMONT DR  
City-State-Zip: FT MYERS FL 33908

Title VPD  
Name NAPPI, JOANNE  
Address 16224 EDGEMONT DR  
City-State-Zip: FT MYERS FL 33908

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN T. NAPPI

**PRESIDENT**

**02/17/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date