

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90140 048 ***158.75

DOCUMENT # 402972

1. Corporation Name

SEAGLADES INVESTMENT CO.

Principal Place of Business

308 LUCERNE AVENUE
LAKE WORTH FL 33460

Mailing Address

308 LUCERNE AVENUE
LAKE WORTH FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1972

4. FEI Number

59-6205249 59-1531826

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1528 N. DIXIE HIGHWAY

Suite, Apt. #, etc.

22 SUITE #1

City & State

23 LAKE WORTH FL.

Zip

24 33460

Country

25 USA

2a. Mailing Address

26 1528 N. DIXIE HIGHWAY

Suite, Apt. #, etc.

27 SUITE #1

City & State

28 LAKE WORTH

Zip

29 33460

Country

30

9. Name and Address of Current Registered Agent

GAMER, LAWRENCE R
308 LUCERNE AVE
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name

WILLIAM J. GRAHAM, JR.

82 Street Address (P.O. Box Number is Not Acceptable)

1528 N. DIXIE HIGHWAY

83

SUITE #1

84 City

LAKE WORTH

FL

85 Zip Code

33460

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

3-17-1999

12. OFFICERS AND DIRECTORS

TITLE VDS ☒ DELETE
NAME GAMER, LAWRENCE R.
STREET ADDRESS 308 LUCERNE WAY
CITY-ST-ZIP LAKE WORTH FL

TITLE PTD ☐ DELETE
NAME GRAHAM JR, WM J
STREET ADDRESS 1735 LANDS END RD
CITY-ST-ZIP PT MANALAPAN, FL 00000

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☒ Change ☐ Addition
1.2 NAME GRAHAM, JR. WILLIAM J.
1.3 STREET ADDRESS 118 W. EVANS LANE
1.4 CITY-ST-ZIP MANALAPAN, FL 33462

2.1 TITLE VTD ☐ Change ☒ Addition
2.2 NAME GRAHAM, GLORIA S.
2.3 STREET ADDRESS 118 W. EVANS LANE
2.4 CITY-ST-ZIP MANALAPAN, FL 33462

3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME HOOPER, KATHLEEN
3.3 STREET ADDRESS 13675 EXOTICA LANE
3.4 CITY-ST-ZIP WELLINGTON, FL 33414

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM J. GRAHAM, JR. 3-17-99 561-533-0303
PRESIDENT Date Daytime Phone #

CR2E034 (1/1/98)