

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

REGISTRATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Anthony
GOVERNOR
TALLAHASSEE, FLORIDA 32304-0001

APPROVED
AND
FILED

95 MAY -1 PM 2:35

DOCUMENT # 557600

(4)

SEAWAY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400 FREEMAN STREET
NEW SMYRNA BEACH FL 32168

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NEW SMYRNA BEACH FL 32168

2. 1995 Filing Date	2a. Filing Date	3. Effective Date	3a. Date of Last Report
21. CHANGED to JUST →	26. PC BEX 0516	01/19/1978	08/12/1994
22. PO Box 0516 N/A	27.	4. Filing Number	Approved For Not Applicable
23.	28. NEW SMYRNA BEACH, FL	59-1795556	
24.	29. 38170	5. Contribution of State Employee	\$8.75 Additional Fee Required
	30. VOIDSIA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		8. The corporation has adopted the Uniform Code on Books of Records Florida Statute, [] Yes [] No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAVIS, MARY LOU 400 FREEMAN ST. NEW SMYRNA BEACH FL 32168	Current Registered Agent DAVIS, MARY LOU 2541 EDGEWATER AVE NEW SMYRNA BEACH, FL 32168 FL 32168

11. I, the undersigned, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and that the corporation has adopted the Uniform Code on Books of Records, Florida Statute, and that the corporation has adopted the Uniform Code on Books of Records, Florida Statute, and that the corporation has adopted the Uniform Code on Books of Records, Florida Statute.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PD DAVIS, DONALD F. 400 FREEMAN ST. NEW SMYRNA BCH. FL	NAME	PD DAVIS, DONALD F. 2541 EDGEWATER AVE NEW SMYRNA BEACH, FL 32168
NAME	ST DAVIS, MARY LOU 400 FREEMAN ST. NEW SMYRNA BCH. FL	NAME	ST MARY LOU DAVIS 2541 EDGEWATER AVE NEW SMYRNA BEACH, FL 32168
NAME	D DAVIS, MARY LOU 400 FREEMAN ST. NEW SMYRNA BCH. FL	NAME	D DAVIS, MARY LOU 2541 EDGEWATER AVE NEW SMYRNA BEACH, FL 32168

14. I, the undersigned, do hereby certify that the information supplied with this filing is voluntarily furnished and that I am not guilty of the crime of perjury as defined in Florida Statute, and that the information is true and correct to the best of my knowledge and belief, and that the corporation has adopted the Uniform Code on Books of Records, Florida Statute, and that the corporation has adopted the Uniform Code on Books of Records, Florida Statute, and that the corporation has adopted the Uniform Code on Books of Records, Florida Statute.

SIGNATURE: *Mary L Davis*
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4-26-95 904-N24-CB25

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE \$200.00

**ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE**

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 that is preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8.
5. Submit with total amount due in the form of a separate check for each filing (Payable to United States Funds through a United States Bank to Department of State). Fee is \$200.00.

- Block 1** Block 1 is preprinted with the corporation's name, document number, mailing address and principal place of business as previously reported to our office. The name of corporation cannot be changed by way of this annual report.
- Block 2** Enter the principal place of business if different from the mailing address, or if it has been changed from what was previously reported in Block 2.
- Block 2a** If the computer entered mailing address in Block 1 is incorrect, enter the new mailing address in Block 2a. A Post Office Box is acceptable.
- Block 3** Enter the date of incorporation or qualification with this office if Block 3 is blank.
- Block 3a** Enter the due date of the last filed annual report, if applicable.
- Block 4** Complete Block 4 by entering your Federal tax ID number. For assistance, call (904) 487-6056. If Block 4 is preprinted in Block 4, you must provide the FEI number. For assistance, call (904) 487-6056.
- Block 5** Should you desire a certificate reflecting your filing fee? *SEAWAY, INC.* Block 5 and include an additional \$8.75 with your filing fee.
- Block 6** Florida law allows for a voluntary contribution to the Governor's Office of Political Campaigns for the offices of the Governor and members of the Cabinet. If you would like to contribute, enter the amount in Block 6.
- Block 8** Check the appropriate box. Please direct all correspondence to the Department of State, Division of Corporations, Post Office Box 6327, Tallahassee, Florida 32314.
- Block 9** The law requires that each corporation have a principal office in Florida. If the principal office is not in Florida, enter the correct information in Block 9. If the principal office is in Florida, enter the correct information in Block 9.
- Block 10** Enter name of new Registered Agent and THE CORPORATION CANNOT BE ITS OWN AGENT. If the corporation is not a corporation, enter the name of the individual or entity that is the agent.
- Block 11** The new registered agent must indicate his or her position with the corporation. NOTE: If the corporation is not a corporation, the person signing must state his or her position with the corporation.
- Block 12** Block 12 contains the last information or block 13. If there is no change in the information, enter "N/A".
- Block 13** Block 13 is for changes or additions to the information in Block 12. If there is no change in the information, enter "N/A".
- Block 14** This report must be signed in Block 14 with an original signature by either the President, Vice President, Secretary, Treasurer or director of the Corporation that is listed in Block 12. Block 13 if a change, or on an attachment with a street address. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 14 is unacceptable.

Send only 1995 Preprinted Annual Reports with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

Send all other filings and correspondence to this address:

Annual Reports Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314
Street Address (Overnight Delivery):
409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.