FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUN 23 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 712560 (2)

1. Corporation Name
THE SEMINOLE SEEKERS, INC.

Principal Place of Business	Mailing Address
4600 W CYPRESS ST STE 405 TAMPA FL 33607-1026	4600 W CYPRESS ST STE 405 TAMPA FL 33607-1026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1967
3a. Date of Last Report: 06/06/1994
4. FEI Number: 59-1644148 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 33607 4027 24 / County 25	Zip 33607 4027 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SOLLNER, RICHARD H 2700 BARNETT PLAZA TAMPA FL 33602	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. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SOLLNER, RICHARD H.	1.2 NAME	
STREET ADDRESS	3302 MCKAY AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	P D ☒ Change ☐ Addition
NAME	CORRAL, MANUEL	2.2 NAME	RAYMOND BRYANT
STREET ADDRESS	1910 OAKMONT	2.3 STREET ADDRESS	217 S. GLEN ARVEN
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	CURCHIN, JEFFREY M.	3.2 NAME	
STREET ADDRESS	3036 WISTER CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	HEWITT, C. LEE	4.2 NAME	
STREET ADDRESS	4219 RIVERHILLS DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	VP D ☐ Change ☒ Addition
NAME		5.2 NAME	C. HOWARD HUNTER
STREET ADDRESS		5.3 STREET ADDRESS	410 WARE BLVD.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BRANDON, FLA 33511
TITLE		6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	X DEPOSITED BY BANK 6/23

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ June 27, 1995 813 289 3303
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

00141561