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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745524 (9)
1. Corporation Name
SEAGULL INDUSTRIES FOR THE DISABLED, INC.

Principal Place of Business Mailing Address
3679 W. INDUSTRIAL WAY RIVIERA BCH. FL 33404 **3679 W. INDUSTRIAL WAY RIVIERA BCH. FL 33404**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/11/1979	3a. Date of Last Report 03/18/1994
4. FEI Number 59-1879968	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent EISINGER, ALFRED N. 13783 ALDSWORTH CT. WELLINGTON FL 33414	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 *Alfred N. Eisinger* **ALFRED N. EISINGER** DATE **3/21/95**
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME KELLY, WALTER STREET ADDRESS 1036 U.S. HIGHWAY 1 #427 CITY - ST - ZIP N PALM BEACH FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME
TITLE DV	NAME KIMBALL, JILL STREET ADDRESS 229 FORDHAM DRIVE CITY - ST - ZIP LAKE WORTH, FL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME FORD, TARA
TITLE DP	NAME FORD, CATHY (DR.) STREET ADDRESS 842 PARK AVENUE CITY - ST - ZIP LAKE PARK FL	2.3 STREET ADDRESS 8450 WHISPERING OAKS WAY	2.4 CITY - ST - ZIP WEST PALM BCH, FL. 33411
TITLE DS	NAME SPIRITUS, BARBARA STREET ADDRESS 3107 COLLINS DR CITY - ST - ZIP W PALM BEACH FL	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME FORD, CATHY (DR.)
TITLE DT	NAME RICHARDSON, PAUL STREET ADDRESS 225 ALHAMBRA PLACE CITY - ST - ZIP WEST PALM BEACH FL	3.3 STREET ADDRESS 501 26th STREET	3.4 CITY - ST - ZIP WEST PALM BCH, FL. 33409
TITLE D	NAME KULP ROBERT STREET ADDRESS 763 TRADEWIND DRIVE CITY - ST - ZIP NORTH PALM BEACH, FL	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME LOWE SUSAN
		4.3 STREET ADDRESS 197 OLD COUNTRY RD.	4.4 CITY - ST - ZIP WELLINGTON, FL. 33414
		5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME PAULL RICHARD
		5.3 STREET ADDRESS 1566 HOLLYHOCK RD.	5.4 CITY - ST - ZIP WELLINGTON, FL. 33414
		6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME DP
		6.3 STREET ADDRESS	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 110.07(9)(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 the 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: *R.S. Kulp* **R.S. KULP** DATE: **3/21/95** 407-622-7624
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR