FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F08832** **(0)**

1. Corporation Name
SEAGROVE ON THE BEACH REALTY, INC.

Principal Place of Business	Mailing Address
CR 395 SEAGROVE BEACH FL 32459 US	ROUTE 2 BOX 4330 SEAGROVE BEACH FL 32459 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/11/1980
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26: 3010 S. Co. Hwy. 395
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28: Santa Rosa Bch., FL
Zip — 24:
County — 25:
Zip — 29: 32459
County — 30: Walton

4. FEI Number: 59-2054014 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MILLER, GEORGE R
105 E NELSON AVE
DEFUNIAK SPRINGS FL FL 32433

10. Name and Address of New Registered Agent

81 Name: Margaret Crawford
82 Street Address (P.O. Box Number is Not Acceptable): 3010 S. Co. Hwy. 395
83:
84 City: Santa Rosa Beach, FL 85 Zip Code: 32459

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: Margaret Crawford 5-3-95
(Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required for reinstatement) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCGEE, C H JR
STREET ADDRESS	ROUTE 2, BOX 4330
CITY ST ZIP	SEAGROVE BCH, FL 00000
TITLE	ST
NAME	CRAWFORD, MARGARET
STREET ADDRESS	ROUTE 1, BOX 3840
CITY ST ZIP	SANTA ROSA BCH, FL 00000
TITLE	V
NAME	MCGEE, LINDA
STREET ADDRESS	ROUTE 2, BOX 4330
CITY ST ZIP	SEAGROVE BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition	
12 NAME		
13 STREET ADDRESS	3010 S. Co. Hwy. 395	
14 CITY ST ZIP	Santa Rosa Beach, FL 32459	
21 TITLE	☒ Change ☐ Addition	
22 NAME		
23 STREET ADDRESS	3010 S. Co. Hwy. 395	
24 CITY ST ZIP	Santa Rosa Beach, FL 32459	
31 TITLE	☒ Change ☐ Addition	
32 NAME		
33 STREET ADDRESS	3010 S. Co. Hwy. 395	
34 CITY ST ZIP	Santa Rosa Beach, FL 32459	
41 TITLE	☐ Change ☐ Addition	
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE	☐ Change ☐ Addition	
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE	☐ Change ☐ Addition	
62 NAME		
63 STREET ADDRESS		
64 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 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.

SIGNATURE: Margaret Crawford 4/25/95 904-231-4205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0411421 FP