

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

3010 S. CO. HWY. 395
SANTA ROSA BCH FL 32459
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1980

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 3010 South Cty Hwy 395

Suite, Apt. #, etc.

City & State

23 Seagrove Beach

Zip 32459

Country USA

22 Mailing Address

26 3010 South Cty Hwy 395

Suite, Apt. #, etc.

City & State

28 Seagrove Beach

Zip 32459

Country USA

9. Name and Address of Current Registered Agent

CRAWFORD, MARGARET
3010 S. CO. HWY. 395
SANTA ROSA BEACH FL 32459

10. Name and Address of New Registered Agent

81 Name

Margaret Crawford

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

3010 South County Hwy 395

83

84 City

Seagrove 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

4/24/98

Signature typed or printed name of registered agent and fee if applicable

(If L Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME CRAWFORD, MARGARET
STREET ADDRESS 3010 S CO HWY 395
CITY-ST-ZIP SANTA ROSA BCH, FL 00000

TITLE VS ☐ DELETE

NAME MCGEE, LINDA
STREET ADDRESS 3010 S CO HWY 395
CITY-ST-ZIP SANTA ROSA BEACH FL

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

11 TITLE PT Address Change ☐ Addition

12 NAME Margaret Crawford
13 STREET ADDRESS 3010 South County Hwy 395
14 CITY-ST-ZIP Seagrove Beach, FL 32459

21 TITLE VS Address Change ☐ Addition

22 NAME Linda McGee
23 STREET ADDRESS 3010 South County Hwy 395
24 CITY-ST-ZIP Seagrove Beach, FL 32459

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

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 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.

Margaret Crawford

4/24/98

59-2054014

CR2E034 (10/97)