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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

(3)

1. Corporation Name SEAGROVE LIMITED, INC.



Solite, Act #, etc.    Solite, Act #, etc.   Side. Act #, etc.   Solite.   S		1	ate Incorporated or Qualified  02/23/1981  T Number	0	716	BOX 17	J.S. 98 AT FLA:393 10-89H-4833 SANTA ROSA BEASH F	DO-B SAME	1716		DEACH EL 2		- 00 - 00 - 00 - 00
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City & State    City & State   City & State   City & State   Country   Count	5 Additional Required	1 1		5, Cert			Suite, Apt. #, etc.	Suite			, etc	uite, Apt. #,	Su
Zop   County   29   30   Secretary   Sec	00 May Be led to Fees	1 1	. •	ļ			Orty & State	Gity -		## P		aty & State	Cit
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DESTIN, FL. 32540  B4 City  FL B5 Z  The Pursuant to the provisions of Sections 607,0502 and 607 1505. Excita Statutes, the above named corporations solands for the purpose of changing its or registered agent, or both, in the State of Blocks Such design was authorized by the corporation's board of directors. I horoby accept the appointment as registered familiar with, and accept the obligators of, Section 607,0505, Fornia Statutes  [SIGNATURE]  [SIGNATURE]  [PD	,		Control of For Foodball	LUGIESS VCV. C.		. S	N Bolde	~		••			
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Or registered agent, or both, in the State of Reach Such change was authorized by the programation s board of precisions, increasing accept the appointment as registered familiar with, and accept the obligations of Section 607 (505). Francia Statutes  SIGNATURE	s registered offic	oose of changing its	mits this statement for the pur	rporation subm	named cor	the above	1508. Flor da Stafuter	and 607 150	ons 607.0502	ns of Section	the provision	Pursuant to	11 6
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roo nereby certify that the information supplied certify that the information indicated on this appoint, that I am an officer or director of the opposition appears in Block 12 or Block 13 dicharged. with this hing is voluntarily turnished and does not quarry for the exemption stated in Section 1.19 07(5)(x), Florida Statutes. I full of strength or supplementation rule reports true and accurate and that my signature shall have the same legal effect as if made under Atlant or the receiver of dustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR