FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F66193** **(6)**

1. Corporation Name

SEDA CONSTRUCTION COMPANY

Principal Place of Business

% JOHN A SEMANIK
2120 CORPORATE SQUARE BLVD. #3 & #4
JACKSONVILLE FL 32216-1986

Mailing Address

% JOHN A SEMANIK
2120 CORPORATE SQUARE BLVD. #3 & #4
JACKSONVILLE FL 32216-1986

3. Date Incorporated or Qualified: **02/08/1982**

3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | County 30

4. FEI Number: **59-2255942** ☐ 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

SEMANIK, JOHN A
2120 CORPORATE SQUARE BLVD. #3 & #4
JACKSONVILLE FL 32216

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

11. Pursuant to the provisions of Sections 617.0501 and 617.1622, 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 617.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	☐ Change ☐ Addition
NAME	SEMANIK, JOHN A		
STREET ADDRESS	2120 CORPORATE SQ BLVD		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE	VP	☐ DELETE	☐ Change ☐ Addition
NAME	SEMANIK, ARNOLD J.		
STREET ADDRESS	2120 CORPORATE SQ BLVD		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE	VP	☐ DELETE	☐ Change ☐ Addition
NAME	SEMANIK, LINDA		
STREET ADDRESS	2120 CORPORATE SQ BLVD		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE	S	☐ DELETE	☐ Change ☐ Addition
NAME	SEMANIK, JOHN A.		
STREET ADDRESS	2120 CORPORATE SQ BLVD		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE	VP	☐ DELETE	☐ Change ☐ Addition
NAME	COGBURN, A. FAYE		
STREET ADDRESS	2120 CORPORATE SQ. BLVD. #3		
CITY-ST-ZIP	JACKSONVILLE FL		
TITLE		☐ DELETE	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this report is true, complete, and accurate; that I am not qualified 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 the signature below 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 added above.

SIGNATURE: _____ 3-22-96 -704 224-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

CR2E034 (12/95)