2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F97000006076

Address:

City-St-Zip:

3325 CORAL PARK DR

BRUNSWICK, GA 31522

FILED Nov 02, 2004 Secretary of State

Entity Name: SEAWARD HOMES, INC. **Current Principal Place of Business: New Principal Place of Business:** 2400 SUGARMILL BLVD ST. MARY'S, GA 31558 **Current Mailing Address: New Mailing Address:** 2400 SUGARMILL BLVD ST. MARY'S, GA 31558 FEI Number: 59-3221024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROUSSARD, SEWARD L 313 OTTER RÛN DR FERNANDINA BEACH, FL 32034 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition BROUSSARD, SEWARD L Name: Name: 313 OTTER RUN DR Address: Address: City-St-Zip: FERNANDINA BEACH, FL 32034 City-St-Zip: Title: VCS Title: () Delete () Change () Addition Name: TOLLISON, LAWTON Name: 116 ROYAL DR Address: Address: BRUNSWICK, GA 31523 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition TOLLISON, HUGH K Name: Name: PO BOX 937 Address: Address: City-St-Zip: FERNANDINA BEACH, FL 32035 City-St-Zip: Title: () Delete Title: () Change () Addition TOLLISON, KEN Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: SEWARD L. BROUSSARD **PRES** 11/02/2004