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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:54

DOCUMENT # **G50167** **(7)**

1. Corporation Name
SEMINOLE COVE DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
1672 SW 35TH CIRCLE P.O. BOX 759 OKEECHOBEE FL 34973 US	P. O. BOX 759 P.O. BOX 759 OKEECHOBEE FL 34973-0759 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1983
3a. Date of Last Report: 06/23/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 59-2431947 ☐ 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

WILLIAMSON, FAYE A.
3003 SW 28TH ST.
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent

81 Name: Faye A. Haverlock
82 Street Address (P.O. Box Number is Not Acceptable): 3003 SW 28th St.
83
84 City: Okeechobee FL 85 Zip Code: 34974

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: Faye A. Haverlock — Signature, typed or printed name of registered agent and title if applicable
Faye A. Haverlock — (NOTE: Registered Agent signature required when reinstating)
DATE: 3-23-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1 1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMSON JACK	1 2 NAME		
STREET ADDRESS	3003 S.W.28TH STREET	1 3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL	1 4 CITY-ST-ZIP		
TITLE	SD	2 1 TITLE	S|D	☑ Change ☐ Addition
NAME	WILLIAMSON, FAYE A.	2 2 NAME	Faye A. Haverlock	
STREET ADDRESS	3003 S.W.28TH STREET	2 3 STREET ADDRESS	3003 SW 28th St.	
CITY-ST-ZIP	OKEECHOBEE FL	2 4 CITY-ST-ZIP	Okeechobee Fl 34974	
TITLE		3 1 TITLE		☐ Change ☐ Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3 4 CITY-ST-ZIP		
TITLE		4 1 TITLE		☐ Change ☐ Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY-ST-ZIP		4 4 CITY-ST-ZIP		
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		5 4 CITY-ST-ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY-ST-ZIP		6 4 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: Faye A. Haverlock — SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR
Date: 3/23/95
Daytime Phone #: 813-467-4440
Faye A. Haverlock

0383313 CP