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Feb 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H02320

(0)

1. Corporation Name  
ED SEAY, INC.

Principal Place of Business  
574 PONTE VEDRA BLVD.  
PONTE VEDRA, FL 32082-2316

Mailing Address  
574 PONTE VEDRA BLVD.  
PONTE VEDRA, FL 32082-2316



3. Date Incorporated or Qualified 04/30/1984  
3a. Date of Last Report 06/12/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2403422	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input checked="" type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

STEVENS, CHARLOTTE L  
574 PONTE VEDRA BLVD.  
PONTE VEDRA FL 32082

10. Name and Address of New Registered Agent

81. Name	Deborah L. Streeter
82. Street Address (P.O. Box Number is Not Acceptable)	574 Ponte Vedra Blvd.
83.	
84. City	Ponte Vedra
85. Zip Code	FL 32082

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 *Deborah L. Streeter* Deborah L. Streeter, secretary/treasurer 1/27/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	Secretary/Treasurer
NAME	STEVENS, CHARLOTTE L	1.2 NAME	Deborah L. Streeter
STREET ADDRESS	574 PONTE VEDRA BLVD.	1.3 STREET ADDRESS	574 Ponte Vedra Blvd.
CITY-ST-ZIP	PONTE VEDRA FL	1.4 CITY-ST-ZIP	Ponte Vedra FL 32082
TITLE	DP	2.1 TITLE	
NAME	SEAY, EDWIN B.	2.2 NAME	
STREET ADDRESS	574 PONTE VEDRA BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 *Deborah L. Streeter* Deborah L. Streeter, secretary/treasurer 1/27/97 904-  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 385-3460

CR2E034 (9/96)