

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jul 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H02320**
1. Corporation Name
Ed Seay, Inc.

Principal Place of Business Mailing Address
574 Ponte Vedra Blvd. 574 Ponte Vedra Blvd.
Ponte Vedra, FL 32082-2316 Ponte Vedra, FL 32082-2316

AMENDED

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 4/30/1984		3a. Date of Last Report 1/27/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2403422		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Deborah L. Streeter
574 Ponte Vedra Blvd.
Ponte Vedra, FL 32082

81 Name **Sandra D. Zurka**
82 Street Address (P.O. Box Number is Not Acceptable)
574 Ponte Vedra Blvd.
83
84 City **Ponte Vedra** FL 85 Zip Code **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 *Sandra D. Zurka* **Sandra D. Zurka, secretary/treasurer** **7/15/97**
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	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Secretary/Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Streeter, Deborah			1.2 NAME	Sandra D. Zurka		
STREET ADDRESS	574 Ponte Vedra Blvd.			1.3 STREET ADDRESS	574 Ponte Vedra Blvd.		
CITY-ST-ZIP	Ponte Vedra, FL 32082			1.4 CITY-ST-ZIP	Ponte Vedra, FL 32082	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Seay, Edwin B.			2.2 NAME			
STREET ADDRESS	574 Ponte Vedra Blvd.			2.3 STREET ADDRESS			
CITY-ST-ZIP	Ponte Vedra, FL 32082	<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 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: *Sandra D. Zurka* **Sandra D. Zurka, secretary/treasurer** **7/15/97 (904) 285-3960**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)