SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # H 14380

1. Corporation Name

SEACROFT, INC.

Principal Place of Business
7744 Gardner Drive
#201
Naples, Fl. 34109

Mailing Address
7744 Gardner Drive
#201
Naples, Fl. 34109

2. Principal Place of Business
21 7744 Gardner Drive
Suite, Apt #, etc.
22 #201
City & State
23 Naples, Fl.
Zip 24 34109 Country 25 U S A

2a. Mailing Address
26 7744 Gardner Drive
Suite, Apt. #, etc.
27 #201
City & State
28 Naples, Fl.
Zip 29 34109 Country 30 U S A

3. Date Incorporated or Qualified: 7-30-1984
3a. Date of Last Report: 1-20-1995
4. FEI Number: 59-2438259 ☐ 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

Mayer, F. E.
7744 Gardner Drive
#201
Naples, Fl. 34109

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 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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	Pres.	☐ DELETE
NAME	Mayer, F. E.	
STREET ADDRESS	7744 Gardner Dr. #201 Naples, Fl. 34109	
CITY-ST-ZIP		
TITLE	V.P.	☐ DELETE
NAME	Fredrickson, David M.	
STREET ADDRESS	11546--60th. St. North	
CITY-ST-ZIP	Royal Palm Beach, Fl. 33411	
TITLE	Sec.	☐ DELETE
NAME	Steele, Kathryn Mayer	
STREET ADDRESS	10326 Sandy Hollow Lane	
CITY-ST-ZIP	Bonita Springs, Fl. 33923	
TITLE	Treas.	☐ DELETE
NAME	Mayer, Gloria P.	
STREET ADDRESS	7744 Gardner Drive #201	
CITY-ST-ZIP	Naples, Fl. 34109	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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-07/01/96--01027--028
***225.00

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: F. E. MAYER [signature] 6/20/96 941-592-5053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone