


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

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H37332** (4)

1. Corporation Name
SEAGRAPE BAY DEVELOPMENT CORPORATION



Principal Place of Business 345 MANGO ST FT MYERS BCH FL 33931	Mailing Address 345 MANGO ST FT MYERS BCH FL 33931-3248
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3. Date Incorporated or Qualified 01/09/1985	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 325 MANGO ST Suite, Apt. #, etc. 22 Ft Myers Beach FL City & State 23 33931 Zip 24	2a. Mailing Address 26 PO Box 17174 Suite, Apt. #, etc. 27 City & State 28 SARASOTA FL Zip 29 34276 Country 30 USA
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4. FEI Number 59-2543304	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THOMPSON, O. B. 325 345 MANGO ST. FT MYERS BCH FL 33931	10. Name and Address of New Registered Agent 81 Name 82 Street 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THOMPSON, O.B. 345 MANGO ST FT MYERS BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HIGGINS, LERRIA K. 7680 EAGLE FLIGHT AVE. FT. MYERS FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, CHARLES S. 228 BLUFF CT. BARRINGTON IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP THOMPSON O.B. PO BOX 17174 SARASOTA FL 34276
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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.

CR2E034 (9/96)