

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

FILED
May 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H37332 (4)
1. Corporation Name
SEAGRAPE BAY DEVELOPMENT CORPORATION



Principal Place of Business
325 MANGO ST
FT MYERS BEACH FL 33901
US

Mailing Address
PO BOX 17174
SARASOTA FL 34276
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/09/1985

4. FEI Number

59-2543304

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

THOMPSON, O. B.
~~325 MANGO ST~~
~~FT MYERS BCH FL 33931~~

CHANGE ADDRESS

10. Name and Address of New Registered Agent

81 Name THOMPSON O. B.
82 Street Address (P.O. Box Number is Not Acceptable)
1350 N. PORTOFINO DR #206
83 SARASOTA FL 34242
84 City SARASOTA FL 85 Zip Code 34242

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 ~~DP~~ ☐ DELETE
NAME THOMPSON, O. B.
STREET ADDRESS PO BOX 17174
CITY-ST-ZIP SARASOTA FL 34276

TITLE SD ☐ DELETE
NAME HIGGINS, LERRIA K.
STREET ADDRESS 7680 EAGLE FLIGHT AVE.
CITY-ST-ZIP FT. MYERS FL 33912

TITLE D ☐ DELETE
NAME KELLEY, CHARLES S.
STREET ADDRESS 228 BLUFF CT.
CITY-ST-ZIP BARRINGTON IL 60010

TITLE PD ☐ DELETE
NAME THOMPSON O. B.
STREET ADDRESS 1350 N PORTOFINO DR. # 206
CITY-ST-ZIP SARASOTA FL 34242

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

1.4 CITY-ST-ZIP

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

14. I 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: O B Thompson O.B. THOMPSON APRIL 22 1998 9467655505

CP2E034 (10/97)