FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:48

DOCUMENT # **H77698** **(9)**

1. Corporation Name
SEABOARD ARBORS MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
1700 MCMULLEN BOOTH RD., STE. C-3 CLEARWATER FL 34619	1700 MCMULLEN BOOTH RD., STE. C-3 CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/25/1985**
3a. Date of Last Report: **03/07/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **59-2581021** ☐ 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

HICKS, JOYCE M.
1700 MCMULLEN BOOTH ROAD, STE. C-3
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name: CHRIS D. HOELLE
82 Street Address (P.O. Box Number is Not Acceptable): 1700 McMULLEN BOOTH ROAD
83: SUITE C3
84 City: CLEARWATER **FL** 85 Zip Code: 34619

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: Chris D. Hoelle 3/2/95
Signature and 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	STD	11 TITLE		☐ Change ☐ Addition
NAME	WARD, JACOB B.	12 NAME		
STREET ADDRESS	3388 WAYNE AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	BRONX NY	14 CITY-ST-ZIP		
TITLE	EVS	21 TITLE	VP	☒ Change ☐ Addition
NAME	HICKS, JOYCE M.	22 NAME		
STREET ADDRESS	1614 SAN REMO AVE.	23 STREET ADDRESS		
CITY ST ZIP	CLEARWATER FL	24 CITY-ST-ZIP		
TITLE	VP	31 TITLE		☒ Change ☐ Addition
NAME	JUDD, BENJAMIN F.	32 NAME		
STREET ADDRESS	557 LILLIAN DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	MADEIRA BEACH FL	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	DOMBER,MATTHEW J	42 NAME		
STREET ADDRESS	6121 PALMA DEL MAR #128	43 STREET ADDRESS		
CITY ST ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP		
TITLE	VP	51 TITLE	VPS	☒ Change ☐ Addition
NAME	HOELLE, CHRIS D.	52 NAME		
STREET ADDRESS	4012 BRAESGATE LANE	53 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP		
TITLE	VP	61 TITLE		☐ Change ☐ Addition
NAME	LEIGHTON, LENNARD A	62 NAME		
STREET ADDRESS	2951 SWEETGUM WAY S.	63 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	64 CITY-ST-ZIP		

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)(i), Florida Statutes. I further certify that the information indicated on the 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: 3/2/95 813 726-7494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Matthew J. Domber, President

0044730 CP