

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90059 036 ***150.00

DOCUMENT # H77698

1. Corporation Name

SEABOARD ARBORS MANAGEMENT SERVICES, INC.

Principal Place of Business

**1700 MCMULLEN BOOTH RD., STE. C-3
CLEARWATER FL ~~34618~~
33759**

Mailing Address

**1700 MCMULLEN BOOTH RD., STE. C-3
CLEARWATER FL ~~34618~~
33759**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1985

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

**CHRIS D. HOELLE
1700 MCMULLEN BOOTH ROAD
SUITE C3
CLEARWATER FL ~~34618~~
33759**

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	STD	☐ DELETE
NAME	WARD, JACOB B.	
STREET ADDRESS	3388 WAYNE AVENUE	
CITY-ST-ZIP	BRONX NY	
TITLE	PD	☐ DELETE
NAME	DOMBER, MATTHEW J	
STREET ADDRESS	6121 PALMA DEL MAR #128	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VPS	☐ DELETE
NAME	HOELLE, CHRIS D.	
STREET ADDRESS	4012 BRAESGATE LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	☐ DELETE
NAME	LEIGHTON, LENNARD A	
STREET ADDRESS	2951 SWEETGUM WAY S.	
CITY-ST-ZIP	CLEARWATER FL	
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, with all other like empowered.

SIGNATURE:

Chris D. Hoelle **CHRIS D. HOELLE**

2-25-99

727-726-7494

Date

Daytime Phone #

CR2E034 (1/98)