## 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

## DOCUMENT # J13623 1. Corporation Name

HOD SEAMAN AND ASSOCIATES, INC.

Principal Place of Business

CITY-ST-ZIP

Mailing Address

**FILED** Jan 27, 1999 8:00am **Secretary of State** 

01-27-1999 90047 006 \*\*\*150.00

2712 GOLDENR WINTER PARK		P.O. BOX 1329 GOLDENROD FL 32733-1329	9		, in the second	T. MOITE (N. T. 110)	20105	
	·				3. Date Incorporated or Qu 05/12/1986	T WRITE IN THIS	SPACE	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	<del></del>	I An	plied For
21		26			59-2699098		— <i>←</i> —	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	
22		27			5. Certifcate of Status Des	sired 🔲	Fee Re	
City & State	le	City & State			6. Election Campaign Fina	nocina —	\$5.00	May Bo
23		28			Trust Fund Contribution		Added	
Zip	Country	Zip	Country	,	8. This corporation owes ti	he current year Int	engible	•••
24	25	29	30		Personal Property Tax.		Tes '	□No ·
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of	New Registered	Agent	
		•	81	Name				
SEAI 2712	MAN, HORACE W COLDENROD DR	MO.	82	Street Add	ress (P.O. Box Number is Not A	Acceptable)		
	TER PARK FL 32792		83	<del> </del>	1980 - 128 CONTRACTOR -	A PORCE CARRES	8 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1 1 2 5 1 1 3 5 1
			00		A Same	可轉換的統領		
			84	City		E1	85 Zip (	Code
111 Direitort	to the provisions of Sections 607.05	02 and 607 1509 Florida Statuto	s the above	nomed cor	posstion submits this statement	for the purpose of	shonging its	rogistered
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au ations of, Section 607.0505, Flor	ithorized by ida Statutes	the corporati	ion's board of directors. I hereby	accept the appoir	ntment as re	gistered
SIGNATURE	Signature, typed or printed name of registered age	HOVACE W.	SEAM!	AN P	res	DATE	1-15	<u>-99</u>
	3			it signotals require	on witer temptamily	- DATE		
12.	OFFICERS A	ND DIRECTORS	13.	nt dignostra radore	ADDITIONS/CHANGES 1		D DIRECTO	RS IN 12
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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.