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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J42262 1. Corporation Name

SEABYRD SIGNS, INC.

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90093 016 ***150.00



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Principal Place	e of Business	Mailing Address								
9130 STATE ROAD 52		9130 STATE ROAD 52			-					
HUDSON FL 34669-3027 HUDSON FL 3		HUDSON FL 34669-3027	39-3027			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
						11/14/1986			٠ '	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Apı	olied For	!
21		26				59-2742028		No	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	dditional	
22		27				5. Certificate of Status Desired		Fee Re	quired	
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added to	o Fees	_
Zip	Country	Zip	Coun	try		8. This corporation owes the cur	rent year Int		_,	
24	25	29	30			Personal Property Tax.	m		□No	
	9. Name and Address of Curren	t Registered Agent		B1 N:	ame	10. Name and Address of New	Registerea	Agent		
DDV	STUDA CATHEDINE R		'	D 1 N	ame					
PRYSTUPA, CATHERINE, B 9130 SR 52			82		treet Addre	ess (P.O. Box Number is Not Accept	able)			
	SON FL 34669		ļ.	83						
1100	30N 1 L 34003		['	63						
			Ta la	84 C	ity		FL	85 Zip C	òde	
								<u> </u>		
		2 and CO7 4509 Florida Statut	on the ob	0140 00	mod corne	protion submits this statement for the	nurnose of	changing its		
office or re	to the provisions of Sections 607.050, egistered agent, or both, in the State	of Florida. Such change was a	uthorized	by the	med corpo corporation	oration submits this statement for the	purpose of pt the appoi	changing its ntment as req	gistered	
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6.4 CITY-ST-ZIP 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: