

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Aug 19 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J69697** (7)  
 1. Corporation Name  
**SEASCAPE CONSTRUCTION CO. OF OKALOOSA CO., INC.**



Principal Place of Business <b>% JAMES C. PATTERSON        37 PRYOR RD S.E.        FT WALTON BEACH FL 32548</b>	Mailing Address <b>% JAMES C. PATTERSON        37 PRYOR RD S.E.        FT WALTON BEACH FL 32548</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/27/1987</b>	3a. Date of Last Report <b>04/24/1996</b>	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>59-2823071</b>	Applied For Not Applicable	
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
29. Zip	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>PATTERSON, JAMES C.          37 PRYOR RD          FT WALTON BEACH FL 32548</b>				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: *James C. Patterson* DATE: **8-14-97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATTERSON, JAMES C.</b>	1.2 NAME	
STREET ADDRESS	<b>37 PRYOR RD S.E.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT WALTON BEACH FL 32548</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATTERSON, KAREN A</b>	2.2 NAME	
STREET ADDRESS	<b>37 PRYOR RD S.E.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT WALTON BEACH FL 32548</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATTERSON, WILLIAM A</b>	3.2 NAME	<b>Patterson William</b>
STREET ADDRESS	<b>31 COURT DR.</b>	3.3 STREET ADDRESS	<b>120 Chicago Avenue</b>
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	3.4 CITY-ST-ZIP	<b>Fort Walton Bch, FL 32548</b>
TITLE	<b>TD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATTERSON, JAMES C III</b>	4.2 NAME	
STREET ADDRESS	<b>37 PRYOR RD. S.E.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT WALTON BEACH FL 32548</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Karen A Patterson* DATE: **8-14-97** TELEPHONE: **850-937-6833**

CR2E034 (4/97)