

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K27620** (9)

1. Corporation Name

JAMES SEYMOUR COMPANY

Principal Place of Business

**32853 SR 44
PO BOX 648
DELAND FL 32721-7648**

Mailing Address

**32853 SR 44
PO BOX 648
DELAND FL 32721-7648**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SEYMOUR, JAMES JOHN
PO BOX 648
32853 SR 44
DELAND FL 32721-7648**

3. Date Incorporated or Qualified

07/06/1988

3a. Date of Last Report

05/01/1995

4. FET Number

65-0059697

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☐ Yes

☒ No

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 Statute, 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 of person authorized to change the office or agent

Signature of Registered Agent (required when changing agent)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

**DPT
SEYMOUR, JAMES JOHN
32853 SR 44
DELAND FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**VST
SEYMOUR, SUSAN
32853 SR 44
DELAND FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**VST
SEYMOUR, SUSAN
32853 SR 44
DELAND FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**VST
SEYMOUR, SUSAN
32853 SR 44
DELAND FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**VST
SEYMOUR, SUSAN
32853 SR 44
DELAND FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**VST
SEYMOUR, SUSAN
32853 SR 44
DELAND FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**VST
SEYMOUR, SUSAN
32853 SR 44
DELAND FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**VST
SEYMOUR, SUSAN
32853 SR 44
DELAND FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**VST
SEYMOUR, SUSAN
32853 SR 44
DELAND FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

**VST
SEYMOUR, SUSAN
32853 SR 44
DELAND FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change

☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

☐ Change

☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

☐ Change

☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

☐ Change

☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

☐ Change

☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

☐ Change

☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

☐ Change

☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

☐ Change

☐ Addition

30. NAME

31. STREET ADDRESS

32. CITY-STATE-ZIP

33. TITLE

☐ Change

☐ Addition

34. NAME

35. STREET ADDRESS

36. CITY-STATE-ZIP

37. TITLE

☐ Change

☐ Addition

38. NAME

39. STREET ADDRESS

40. CITY-STATE-ZIP

41. TITLE

☐ Change

☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

904-589-4551

Date

Registered Phone #

CR2E034 (12/95)