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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

FILED

May 06 1998 8:00am

Secretary of State

JAMES	SEYMOUR COMPANY				
Principal Place	e of Business	Mailing Address]	innii mente ninte ninte aznet imbi
32853 SR 44 32853 SR 44 PO BOX 648 PO BOX 648 DELAND FL 32721-7648 DELAND FL 32721-7648				DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified	
				07/06/1988	
· ·	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26	1	65-0059697	Not Applicable
Suite, Apt.	₩, Θ(C.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
2328				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren		==1	10. Name and Address of New Register	ed Agent
SEY	MOUR, JAMES JOHN		81 Name		
PO BOX 648			62 Street Addr	ress (P.O. Box Number is Not Acceptable)	
32853 SR 44			St. St. St. Addi	1.0. Don Horridge is that Acceptable	
DELAND FL 32721-7648			83		
1			84 City		. 85 Zip Code
_			July Swy	F	EL 85 20 0000
office or ri	to the provisions of Sections 607.050 egistered agont, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was a	uthorized by the corporat	poration submits this statement for the purposition's board of directors. I hereby accept the	e of changing its registered appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered age OFFICERS AND		Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS	
12.	DPT OFFICERS AND	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	SEYMOUR, JAMES JOHN	— • • • • • • • • • • • • • • • • • • •	1.2 NAME		
STREET ADDRESS	32853 SR 44		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		1.4 CITY-ST-ZIP		
TITLE	VST	DELETE	2.1 TITLE		Change Addition
NAME	SEYMOUR, SUSAN		2.2 NAME		_ • _
STREET ADDRESS	32853 SR 44		2 3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL		2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		İ
TITLE		DELETE	41 TITLE		Change Addition
NAME			4. 2 NAME		Ì
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		Ĭ
CITY-SI-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME]
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		ì

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 supplomental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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 chapged, or on an attachment with ap address.

4-27.98