

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K54012 (5)

1. Corporation Name

SEAWARD HOMES, INC.

Principal Place of Business

**1235 S. 10TH ST
P.O. BOX 1586
FERNANDINA BCH FL 32034**

Mailing Address

**1235 S. 10TH ST
P.O. BOX 1586
FERNANDINA BCH FL 32034**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/16/1988

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2923321

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROUSSARD, SEWARD L.
2117 OAK BLUFF COURT
FERNANDINA BCH FL 32034**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROUSSARD, SEWARD L.
STREET ADDRESS	1235 S. 10TH STREET
CITY - ST - ZIP	FERNANDINA BCH FL
TITLE	V
NAME	TOLLISON, HUGH K.
STREET ADDRESS	1235 S. 10TH STREET
CITY - ST - ZIP	FERNANDINA BEACH FL
TITLE	D
NAME	TOLLISON, HUGH K., JR.
STREET ADDRESS	1235 S 10TH STREET
CITY - ST - ZIP	FERNANDINA BCH FL
TITLE	D
NAME	TOLLISON, LAWTON L.
STREET ADDRESS	1235 S 10TH STREET
CITY - ST - ZIP	FERNANDINA BCH FL
TITLE	D
NAME	BOATRIGHT, J. C.
STREET ADDRESS	1235 S. 10TH STREET
CITY - ST - ZIP	FERNANDINA BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Seward L. Broussard Seward L. Broussard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

DATE

904-277-4027

TELEPHONE NUMBER