FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K68139** **(0)**

1. Corporation Name
SEAGROVE PARTNERSHIP, INC.

Principal Place of Business	Mailing Address
ROUTE 2, BOX 5805 RT. 30A AT SEAGROVE PLAZA SEAGROVE BEACH FL 32459	ROUTE 2, BOX 5805 RT. 30A AT SEAGROVE PLAZA SEAGROVE BEACH FL 32459

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1989
3a. Date of Last Report: 02/24/1994

2. Principal Place of Business	2a. Mailing Address
21 3723 EAST C30-A	26 3723 EAST C30-A
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SEAGROVE BCH, FL	28 City & State: SEAGROVE BCH, FL
24 Zip: 32459 25 County	29 Zip: 32459 30 County

4. FEI Number: 59-2997199 ☐ 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 § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GARRETT, MARIE J.
RT 2 BOX 5805
SEAGROVE BEACH FL 32459

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 3723 EAST C30-A
83
84 City: SEAGROVE BEACH, FL 85 Zip Code: 32459

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HARRIS, JACK P.	12 NAME	
STREET ADDRESS	232 S MILTON	13 STREET ADDRESS	
CITY ST ZIP	GLEN ELLYN IL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HARRIS, ELAINE F.	22 NAME	
STREET ADDRESS	232 S MILTON	23 STREET ADDRESS	
CITY ST ZIP	GLEN ELLYN IL	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☒ Change ☐ Addition
NAME	GARRETT, MARIE J.	32 NAME	
STREET ADDRESS	RT 2 BOX 5805	33 STREET ADDRESS	3723 EAST C30-A
CITY ST ZIP	SEAGROVE BCH FL	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☒ Change ☐ Addition
NAME	SHURETTE, GARY C.	42 NAME	
STREET ADDRESS	2401 BURGANDY DRIVE	43 STREET ADDRESS	115 VALLEY VIEW LANE
CITY ST ZIP	BIRMINGHAM AL	44 CITY ST ZIP	INDIAN SPRINGS, AL 35124
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: _____ 4/27/95 904 231-1544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Marie Garrett

0411430 FP