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95 MAY -1 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L15218 (5)

1. Corporation Name

SEAWILLOW CONSTRUCTION, INC.

Principal Place of Business

% SHEILA ENGLAND
5515 BOBWHITE TRAIL
MIMS FL 32754

Mailing Address

% SHEILA ENGLAND
5515 BOBWHITE TRAIL
MIMS FL 32754

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/08/1989

3a. Date of Last Report

11/07/1994

4. FEI Number

59-2971343

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

ENGLAND, SHEILA
5515 BOBWHITE TRAIL
MIMS FL 32754

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

Sheila England
Signature of the registered agent and, if applicable,

(NOTE: Registered Agent signature required when constituting)

Date

4/28/95

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME ENGLAND, SHEILA
STREET ADDRESS 5515 BOBWHITE TRAIL
CITY - ST - ZIP MIMS FL

TITLE DVS
NAME ENGLAND, HAROLD S.
STREET ADDRESS 5515 BOBWHITE TRAIL
CITY - ST - ZIP MIMS FL

TITLE DV
NAME LATNO, KARYN
STREET ADDRESS RR 3 BOX 12 AA
CITY - ST - ZIP ST. JOHNSBURY VT

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 110.07(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 file 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:

Sheila England
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day(s) Month Year

4/28/95

407 267 7951