SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 5, 1995.
AMOUNT DUE ON OR BEFORE 8/5/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $376)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 JUL 25 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M65955** **(0)**

1. Corporation Name
SEACOAST CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
124 E 6TH ST. P.O. BOX 2279 STUART FL 34995 US	POST OFFICE BOX 2279 P.O. BOX 2279 STUART FL 34995 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1988
3a. Date of Last Report: 08/01/1994

2. Principal Place of Business
21: 2895 S.E. Dixie Hwy
Suite, Apt. #, etc.
22: P.O. Box 2279
City & State
23: Stuart, FL
Zip
24: 34995
Country
25: US

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip
29:
Country
30:

4. FEI Number: 65-0033028 ☐ 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

SCHUERMAN, PATRICK
124 E 6TH ST.
STUART FL 34995

10. Name and Address of New Registered Agent

81 Name: JOHN C. MARQUARDT
82 Street Address (P.O. Box Number is Not Acceptable): 3052 S.W. SUNSET TRACE CIR.
83:
84 City: PALM CITY FL 85 Zip Code: 34990

11. Pursuant to the provisions of Section 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: John C. Marquardt S.T. DATE: 7-20-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	☐ Change ☐ Addition
NAME	SCHUERMAN, PATRICK	1 2 NAME	
STREET ADDRESS	2 RIVERVIEW DR	1 3 STREET ADDRESS	
CITY ST ZIP	STUART FL	1 4 CITY ST ZIP	
TITLE	ST	2 1 TITLE	☐ Change ☐ Addition
NAME	MARQUARDT, JOHN	2 2 NAME	
STREET ADDRESS	3052 SW SUNSET TRACE CIR	2 3 STREET ADDRESS	
CITY ST ZIP	PALM CITY FL	2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

CR2E034 (3/95)

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: John C. Marquardt 7-20-95 407-283-6642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0172402 FP