


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90020 050 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000007105</b>					
1. Corporation Name <b>JOHN D. CHAPMAN "SEEHEAR" CORPORATION</b>					
Principal Place of Business 131 WOODBINE CIRCLE FT. WALTON BEACH FL 32548			Mailing Address 131 WOODBINE CIRCLE FT. WALTON BEACH FL 32548		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 12/23/1997	
				4. FEI Number 59-3488929	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>CHAPMAN, JOHN D</b> <b>131 WOODBINE CIRCLE</b> <b>FT. WALTON BEACH FL 32548</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHAPMAN, JOHN D			1.2 NAME	Kelly, Rosemarie		
STREET ADDRESS	131 WOODBINE CIRCLE			1.3 STREET ADDRESS	284 Echo Circle		
CITY-ST-ZIP	FT. WALTON BEACH FL 32548			1.4 CITY-ST-ZIP	FT. Walton Beach, FL 32548		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHAPMAN, VERA E			2.2 NAME	O'Rourke, Daniel S. P.		
STREET ADDRESS	131 WOODBINE CIRCLE			2.3 STREET ADDRESS	22 Marlborough Road		
CITY-ST-ZIP	FT. WALTON BEACH FL 32548			2.4 CITY-ST-ZIP	Shalimar, FL 32579		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	Tr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHAPMAN, NEIL A			3.2 NAME	Peca, Louis P.		
STREET ADDRESS	1310 FREDERICK RD.			3.3 STREET ADDRESS	137 Woodbine Circle		
CITY-ST-ZIP	GARNER NC 27529			3.4 CITY-ST-ZIP	Fort Walton Beach, FL 32548		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John D. Chapman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 March 1999 850 862 1196  
Date Daytime Phone #