2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 02, 2004
Secretary of State

DOCUMENT# P00000102441

Entity Name: SEAWELL CORPORATION

Current Principal Place of Business:

623 OAK STREET
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

623 OAK STREET
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 59-3680537 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEARS, STEVEN T
623 OAK STREET
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SEARS, STEVEN T
Address: 1125 KINGSLAND CT
City-St-Zip: FRUIT COVE, FL 32259

Title: D ( ) Delete
Name: MONG, KEN
Address: 12646 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete
Name: BOSWELL, JAMES G
Address: 2218 YEARLING CT
City-St-Zip: ORANG PK, FL 32073

Title: D ( ) Delete
Name: GREEK, DAVID M
Address: 8629 RANCH WOOD LANE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D ( ) Delete
Name: DRIVER, RAY
Address: 4741 ATLANTIC BLVD SUITE D
City-St-Zip: JACKSONVILLE, FL 32207

Title: TS ( ) Delete
Name: STOKES, DONNA
Address: 2038 HAWKCREST DR E
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN T. SEARS D 11/02/2004

Electronic Signature of Signing Officer or Director Date