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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -7 AM 11:20

DOCUMENT # **P93000004652 (2)**

1. Corporation Name
SEASIDE PLAZA, INC.

Principal Place of Business	Mailing Address
105 DEL PRADO WAY ST. AUGUSTINE FL 32084	105 DEL PRADO WAY ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/20/1993**
3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-3162662** ☐ 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

MCCLURE, GEORGE M
81 KING ST.
SUITE A
ST. AUGUSTINE FL 32084

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 _____
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	11 TITLE	☐ Change ☐ Addition
NAME	SEAWRIGHT, J A	12 NAME	
STREET ADDRESS	105 DEL PRADO WAY	13 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DUSSEAU, M W	22 NAME	
STREET ADDRESS	341 C WILDWOOD DR.	23 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KAMLA, ELDEN G	32 NAME	
STREET ADDRESS	4600 A1A SOUTH, PACIFICA VISTA 210	33 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	KEENE, E L	42 NAME	
STREET ADDRESS	1302 S. COLLINS ST.	43 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	44 CITY-ST-ZIP	
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: M Walter Dusseau M WALTER DUSSEAU 4/4/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date

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