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 JUN -1 AM 11:20

DOCUMENT # **P93000037242 (3)**

1. Corporate Name
SEABURR, INC.

Principal Place of Business
ROUTE 6, BOX 426U
SUMMERLAND KEY FL 33042

Mailing Address
ROUTE 6, BOX 426U
SUMMERLAND KEY FL 33042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/21/1993**
3a. Date of Last Report: **06/16/1994**

2. Principal Place of Business
21 **9705 Overseas Hwy**
22 Suite, Apt. #, etc.
23 City & State: **Marathon FL.**
24 Zip: **33050** 25 Country: **USA**

2a. Mailing Address
26 **9705 Overseas Hwy**
27 Suite, Apt. #, etc.
28 City & State: **Marathon FL**
29 Zip: **33050** 30 Country: **USA**

4. FEI Number: **65-0420201** ☐ 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

SEIBER, NETA L
2975 OVERSEAS HIGHWAY
MARATHON FL 33050

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **9705 Overseas Hwy**
83
84 City: **Marathon** **FL** 85 Zip Code: **33050**

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	D	11 TITLE	☒ Change ☐ Addition
02 NAME	SEIBER, DONALD D	12 NAME	
03 STREET ADDRESS	ROUTE 6, BOX 426U	13 STREET ADDRESS	9705 Overseas Hwy
04 CITY-ST-ZIP	SUMMERLAND KEY FL 33042	14 CITY-ST-ZIP	Marathon FL 33050
05 TITLE		21 TITLE	☐ Change ☐ Addition
06 NAME		22 NAME	
07 STREET ADDRESS		23 STREET ADDRESS	
08 CITY-ST-ZIP		24 CITY-ST-ZIP	
09 TITLE		31 TITLE	☐ Change ☐ Addition
10 NAME		32 NAME	
11 STREET ADDRESS		33 STREET ADDRESS	
12 CITY-ST-ZIP		34 CITY-ST-ZIP	
13 TITLE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY-ST-ZIP		44 CITY-ST-ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report 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: _____ **Don D. Seiber** **May 30, 95** **305-289-2391**
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE — DAYTIME PHONE #

0117002 CP

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Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P93000037715 (8)

1. Corporation Name

CRAIN VENTURES INC.

Principal Place of Business	Mailing Address
101 W CYPRESS ST SUITE M KISSIMMEE FL 34741 US	P.O. BOX 450245 ~~SUITE M~~ KISSIMMEE FL 34745-0245 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/26/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3180841 — 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

2. Principal Place of Business
21 2794 N. Orange Blossom Tr
22 Suite, Apt. #, etc: Kissimmee, FL
23 City & State:
24 Zip: 34744 25 Country: U.S.A.

2a. Mailing Address
26 P.O. BOX 450245
27 Suite, Apt. #, etc:
28 City & State: Kissimmee, FL
29 Zip: 34745-0245 30 Country: U.S.A.

9. Name and Address of Current Registered Agent

CRAIN, KEVIN G
1539 KELBY RD
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name: Kevin G. Crain
82 Street Address (P.O. Box Number is Not Acceptable): 954 CALIFORNIA WOODS CIRCLE
83
84 City: ORLANDO FL 85 Zip Code: 32824

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] KEVIN G. CRAIN, PRESIDENT 5/29/95

12. OFFICERS AND DIRECTORS

TITLE	PTC
NAME	GRAIN, KEVIN G.
STREET ADDRESS	1539 KELBY ROAD
CITY-ST-ZIP	KISSIMMEE FL
TITLE	VSD
NAME	N, MELANIE C.
STREET ADDRESS	1539 KELBY ROAD
CITY-ST-ZIP	KISSIMMEE FL
TITLE	VD
NAME	CRAIN, JAMES C.
STREET ADDRESS	118 HARNESS LANE
CITY-ST-ZIP	KISSIMMEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PTC	☒ Change ☐ Addition
12 NAME	KEVIN G. CRAIN	
13 STREET ADDRESS	954 CALIFORNIA WOODS CIR.	
14 CITY-ST-ZIP	Orlando, FL 32824	
21 TITLE	VSD	☒ Change ☐ Addition
22 NAME	MELANIE C. CRAIN	
23 STREET ADDRESS	954 CALIFORNIA WOODS CIR.	
24 CITY-ST-ZIP	ORLANDO, FL 32824	
31 TITLE		☐ Change ☐ Addition
41 TITLE		☐ Change ☐ Addition
51 TITLE		☐ Change ☐ Addition
61 TITLE		☐ Change ☐ Addition

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: [signature] KEVIN G. CRAIN 5/29/95 (407)933-1820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0462470 FP