FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P93000055737 (9)**

1. Corporation Name
SEAFIELD LAND CORP.

Principal Place of Business	Mailing Address
5305 SE REEF WAY STUART FL 34997	5305 SE REEF WAY STUART FL 34997

3. Date Incorporated or Qualified: 08/06/1993
3a. Date of Last Report: 08/11/1995
4. FEI Number: 65-0438712 ☐ 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	2a. Mailing Address
21 5305 SE REEF WAY	26 5305 SE REEF WAY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 STUART, FL	City & State 28 STUART FL
Zip 24 34997 Country 25 MARTIN	Zip 29 34997 Country 30 MARTIN

9. Name and Address of Current Registered Agent

CONWAY, STEPHEN P
~~1501 DECKER AVE E-519~~
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name: STEPHEN P. CONWAY
82 Street Address (P.O. Box Number is Not Acceptable): 5305 SE REEF WAY
83
84 City: STUART FL 85 Zip Code: 34997

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 ______
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	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CONWAY, STEPHEN P		1.2 NAME	
STREET ADDRESS	1501 DECKER AVE E-519		1.3 STREET ADDRESS	5496 SE REEF WAY
CITY-ST-ZIP	STUART FL 34994		1.4 CITY-ST-ZIP	STUART, FL. 34997
TITLE	DP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CONWAY, LEONARD T		2.2 NAME	
STREET ADDRESS	P.O. BOX 744, 57 SEAFIELD LANE		2.3 STREET ADDRESS	PO BOX 744, 66 SEAFIELD LANE
CITY-ST-ZIP	W. HAMPTON BCH., NY		2.4 CITY-ST-ZIP	West HAMPTON BEACH N.Y. 11978
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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)(k), 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: Stephen P Conway 5/28/96 407 220-0064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
STEPHEN P. CONWAY V.Pres. Director Seafield Land Corp.

CR2E034 (12/95)