

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90040 005 ***150.00

DOCUMENT # P93000055737

1. Corporation Name

SEAFIELD LAND CORP.

Principal Place of Business

5305 SE REEF WAY
STUART FL 34997

Mailing Address

5305 SE REEF WAY
STUART FL 34997

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5471 SE REEF WAY

2a. Mailing Address

26 5471 SE REEFWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 STUART FL

City & State

28 STUART FL

Zip

24 34997

Country

25 US

Zip

29 34997

Country

30 US

9. Name and Address of Current Registered Agent

STEPHEN P. CONWAY
5305 SE REEFWAY
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name STEPHEN P. CONWAY

82 Street Address (P.O. Box Number is Not Acceptable)

83 5471 SE REEFWAY

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

Stephen P. Conway
(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

1-26-99

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE
NAME CONWAY, STEPHEN P
STREET ADDRESS 5490 SE REEFWAY
CITY-ST-ZIP STUART FL

TITLE DP ☐ DELETE
NAME CONWAY, LEONARD T
STREET ADDRESS P. O. BOX 744, 66 SEAFIELD LANE
CITY-ST-ZIP WEST HAMPTON BEACH N

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 5471 SE REEFWAY
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 607, 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:

Stephen P. Conway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99 561
220-0064
Date Daytime Phone #

CR2E034 (11/98)

0516189