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

FILED
Jul 06 1996 8:00 am
Secretary of State

DOCUMENT # P93000060227

1. Corporation Name
Seagrove Endeavors, Inc.

Principal Place of Business
2195 Hwy 30A W
Santa Rosa Bch, FL
32459

Mailing Address
PO Box 791
DeFuniak Springs FL
32433

2. Principal Place of Business
21 2195 Hwy 30A W
Suite, Apt. #, etc.
22
City & State
23 Santa Rosa Bch, FL
Zip
24 32459
Country
25 U.S.A.

2a. Mailing Address
26 PO Box 791
Suite, Apt. #, etc.
27
City & State
28 DeFuniak Springs FL
Zip
29 32433
Country
30 U.S.A.

3. Date Incorporated or Qualified: 6/27/93
3a. Date of Last Report: 2/7/96
4. FEI Number: 59-3211535 — Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired: X — $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
James D. Howell
2195 Hwy 30A W
Blue Mountain Beach, FL
32459

10. Name and Address of New Registered Agent
81 Name: Heather H. Kilbey
82 Street Address (P.O. Box Number is Not Acceptable): 590 Circle Drive
83
84 City: DeFuniak Springs FL 85 Zip Code: 32433

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Heather H. Kilbey — Heather H. Kilbey — 6/28/96 DATE
Signature, typed or printed name of registered agent and date (if applicable) — NOTE: Registered Agent Signature required when reinstating.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Sec, Treas + Dir. / James D. Howell / 2195 Hwy 30A W / Blue Mountain Beach, FL 32459	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President, Sec, Treas + Dir / Heather H. Kilbey / 590 Circle Drive / DeFuniak Spring FL 32433	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice President, Director / James Taylor / 15 Pine Street / Santa Rosa Beach, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Director / Nick Graffeo / 212 Alpine Circle / Birmingham, AL 35216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Director / Sarah Kilbey / 101 Hugh Adams Dr. / DeFuniak Spring FL 32433	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Director / Bryan Kilbey / 101 Hugh Adams Drive / DeFuniak Springs FL 32433	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	700001893384 -07/15/96--01019--048 ***70.00	☐ Change ☐ Addition

7/15 JZ

CR2E034 (12/95)

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: Heather Kilbey — Heather H. Kilbey — 6/28/96 — (904)892-4253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #