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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000060227 (4)

1. Corporation Name
SEAGROVE ENDEAVORS, INC.

Principal Place of Business
2185 HIGHWAY 30-A WEST
SANTA ROSA BEACH FL 32459

Mailing Address
POST OFFICE BOX 791
DEFUNIAK SPRINGS FL 32435-0791



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/27/1993		3a. Date of Last Report 02/07/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3211535		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KILBEY, HEATHER H. 590 CIRCLE DR. DEFUNIAK SPRINGS FL 32433				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSTD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KILBEY, HEATHER H.			1.2 NAME			
STREET ADDRESS	590 CIRCLE DR.			1.3 STREET ADDRESS			
CITY - ST - ZIP	DEFUNIAK SPRINGS FL 32433			1.4 CITY - ST - ZIP			
TITLE	V/D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAYLOR, JAMES			2.2 NAME			
STREET ADDRESS	15 PINE STREET			2.3 STREET ADDRESS			
CITY - ST - ZIP	SANTA ROSA BEACH FL			2.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRAFFEO, NICK			3.2 NAME			
STREET ADDRESS	212 ALPINE CIRCLE			3.3 STREET ADDRESS			
CITY - ST - ZIP	BIRMINGHAM AL 35218			3.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KILBEY, SARAH			4.2 NAME			
STREET ADDRESS	101 HUGH ADAMS DR.			4.3 STREET ADDRESS			
CITY - ST - ZIP	DEFUNIAK SPRINGS FL 32433			4.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KILBEY, BRYAN			5.2 NAME			
STREET ADDRESS	101 HUGH ADAMS DR.			5.3 STREET ADDRESS			
CITY - ST - ZIP	DEFUNIAK SPRINGS FL 32433			5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Heather Kilbey REQUIRED

3/4/97

(904) 892-4253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)