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FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 32433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1993

4. FEI Number

59-3211535

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

KILBEY, HEATHER H.
590 CIRCLE DR.
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

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

Heather H. Kilbey

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/15/98

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME KILBEY, HEATHER H.
STREET ADDRESS 590 CIRCLE DR.
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

☐ DELETE

TITLE V/D
NAME TAYLOR, JAMES
STREET ADDRESS 15 PINE STREET
CITY-ST-ZIP SANTA ROSA BEACH FL

☐ DELETE

TITLE D
NAME GRAFFEO, NICK
STREET ADDRESS 212 ALPINE CIRCLE
CITY-ST-ZIP BIRMINGHAM AL 35216

☐ DELETE

TITLE D
NAME KILBEY, SARAH
STREET ADDRESS 101 HUGH ADAMS DR.
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

☐ DELETE

TITLE D
NAME KILBEY, BRYAN
STREET ADDRESS 101 HUGH ADAMS DR.
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary/Treasurer/Director ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE President/Director ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Vice President/Director ☐ 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.

SIGNATURE:

Heather H. Kilbey

CR2E034 (10/97)