

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Latham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000074772

1. Corporation Name: L & J Huggins Seaford Corp.

Principal Place of Business: _____ Mailing Address: _____

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. <u>10290 W. Central St.</u>		26. <u>HC 1 Box 60</u>		<u>10-18-93</u>	<u>April 96</u>
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
				<u>59-3206913</u>	Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
<u>Homesboro Fla</u>		<u>Old Town, Fla.</u>		<input type="checkbox"/>	
24. Zip	Country	29. Zip	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
<u>34448</u>	<u>USA</u>	<u>32680</u>	<u>USA</u>	Trust Fund Contribution	<input type="checkbox"/>
25. Country	29. Country	30. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
James J. + Lena Huggins HC 1 Box 60 Old Town, Fla 32680		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	
		85. Zip Code	
		<u>FL</u>	

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: Lena Huggins SECRETARY Lena Huggins DATE: 4-21-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>President</u>	1.2 NAME	
STREET ADDRESS	<u>James J. Huggins</u>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<u>HC 1 Box 60</u>	1.4 CITY-ST-ZIP	
	<u>Old Town Fla 32680</u>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.2 NAME	
NAME	<u>Secretary</u>	2.3 STREET ADDRESS	
STREET ADDRESS	<u>Lena Huggins</u>	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	<u>HC 1 Box 60</u>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<u>Old Town, Fla 32680</u>	3.2 NAME	
TITLE	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
NAME		3.4 CITY-ST-ZIP	
STREET ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		4.2 NAME	
TITLE	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
NAME		4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.2 NAME	
TITLE	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
NAME		5.4 CITY-ST-ZIP	
STREET ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		6.2 NAME	
TITLE	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
NAME		6.4 CITY-ST-ZIP	
STREET ADDRESS			
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: Lena Huggins LENA HUGGINS

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***165.00

352-628-6264
352-542-3335

CR2E034 (9/96)