FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000013909 (4)**

1. Corporation Name
SEEBAY, INC.

Principal Place of Business	Mailing Address
2201 OAKWIND CT ST CLOUD FL 34772	2201 OAKWIND CT ST CLOUD FL 34772

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/17/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: **59-3227474** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WASHBURN, KENNETH R
5401 S KIRKMAN RD
SUITE 500
ORLANDO FL 32819

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 _____ DATE
Signature, typed or printed name of registered agent (and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	President	☐ Change ☐ Addition
NAME	WASHBURN, KENNETH R	12 NAME	BRIAN J. GUNN	
STREET ADDRESS	5401 S KIRKMAN RD SUITE 500	13 STREET ADDRESS	2201 OAKWIND CT	
CITY-ST-ZIP	ORLANDO FL 32819	14 CITY-ST-ZIP	ST. Cloud, FL 34772	
TITLE		21 TITLE	Vice-President	☐ Change ☐ Addition
NAME		22 NAME	Geo Geffrey D Gunn	
STREET ADDRESS		23 STREET ADDRESS	2201 OAKWIND CT	
CITY-ST-ZIP		24 CITY-ST-ZIP	ST. Cloud, FL 34772	
TITLE		31 TITLE	Sec/Treas	☐ Change ☐ Addition
NAME		32 NAME	David S. Gridley	
STREET ADDRESS		33 STREET ADDRESS	7279 Dun Dartan Dr	
CITY-ST-ZIP		34 CITY-ST-ZIP	Orlando, FL 32819	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

REMITTED BY MAY 1

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)(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 above, or on an attachment with an address.

SIGNATURE: Scott Gridley Scott Gridley Sec/Treas. 4-11-95 407-671-0819
(SIGNATURE AND TYPED OR PRINTED NAME OF ANY OFFICER OR DIRECTOR) Date Daytime Phone Number

Same person David S. Gridley David S. Gridley Sec/Treas

0377750 CP