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 MAR 31 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **P94000036385 (0)**

1. Corporation Name
THE SEAGRAPE COMPANY

Principal Place of Business	Mailing Address
~~[redacted]~~	~~[redacted]~~

3. Date Incorporated or Qualified: **05/11/1994** | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4252 Rapallo Rd	26 4252 Rapallo Rd
Suite, Apt. #, etc. 22 Jacksonville, Fla	Suite, Apt. #, etc. 27 Jacksonville, Fla
City & State 23	City & State 28
Zip 24 32244 / Country 25	Zip 29 32244 / Country 30

4. FEI Number: ☒ 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

HASTINGS, KEVIN H
4252 RAPALLO ROAD
JACKSONVILLE FL 32244

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 the capacity or relationship to the corporation) (NOTE: Registered agent signature required for each amendment)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	HASTINGS, SUSAN L	12 NAME	
STREET ADDRESS	~~P.O. BOX 7000~~ N/A	13 STREET ADDRESS	4252 Rapallo Rd
CITY-ST-ZIP	~~JACKSONVILLE FL 32238~~	14 CITY-ST-ZIP	Jacksonville, Fla 32244
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	HASTINGS, KEVIN H	22 NAME	
STREET ADDRESS	~~P.O. BOX 7000~~ N/A	23 STREET ADDRESS	4252 Rapallo Rd
CITY-ST-ZIP	~~JACKSONVILLE FL 32238~~	24 CITY-ST-ZIP	Jacksonville, Fla 32244
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	HENRY, VICTORIA M	32 NAME	
STREET ADDRESS	~~P.O. BOX 7000~~ N/A	33 STREET ADDRESS	12861 Curt Dr
CITY-ST-ZIP	~~JACKSONVILLE FL 32238~~	34 CITY-ST-ZIP	Jacksonville, Fla 32223
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	HENRY, FRED R	42 NAME	
STREET ADDRESS	~~P.O. BOX 7000~~ N/A	43 STREET ADDRESS	12861 Curt Dr
CITY-ST-ZIP	~~JACKSONVILLE FL 32238~~	44 CITY-ST-ZIP	Jacksonville, Fla 32223
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	

3/31/95 MST

14. To the best of my knowledge and belief, the information supplied with this filing is complete, accurate and in compliance with the requirements of Section 607.0122, Florida Statutes. I further certify that the information indicated on this report or supplemental 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, added or deleted.

SIGNATURE: Kevin H Hastings 3/1/95 (904) 281-7499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
KEVIN H. HASTINGS

0014610 CP