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Apr 17 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 # P94000041575 (9)

1. Corporation Name
SEAGATE HOMES, INC.



Principal Place of Business
25 OLD KINGS RD NORTH
SUITE 4B
PALM COAST FL 32137

Mailing Address
25 OLD KINGS RD NORTH
SUITE 4B
PALM COAST FL 32137-8245

3. Date Incorporated or Qualified 06/03/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3249824	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	

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

9. Name and Address of Current Registered Agent

GUNTARP, PAUL M JR.
4 OLD KINGS RD. NORTH
SUITE B
PALM COAST FL 32137

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	GAZZOLI, JOHN	1.2 NAME	
STREET ADDRESS	25 OLD KINGS RD. N., STE. 4B	1.3 STREET ADDRESS	
CITY- ST- ZIP	PALM COAST FL	1.4 CITY- ST- ZIP	
TITLE	VST	2.1 TITLE	☐ Change ☐ Addition
NAME	GAZZOLI, ROBERT	2.2 NAME	
STREET ADDRESS	57 EAGLE HARBOR TRAIL	2.3 STREET ADDRESS	
CITY- ST- ZIP	PALM COAST FL	2.4 CITY- ST- ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	LAMM, JEFF	3.2 NAME	
STREET ADDRESS	4 SUGAR MILL LANE	3.3 STREET ADDRESS	
CITY- ST- ZIP	FLAGLER BEACH FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Gazzoli

3/21/97

(904) 445-9009

CR2E034 (9/96)