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

FILED
May 13 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 # **P94000041575 (9)**

1. Corporation Name
SEAGATE HOMES, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1994

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 185 Cypress Point Pkwy	26 185 Cypress Point Pkwy
22 Suite 7	27 Suite 7
23 Palm Coast, Fl	28 Palm Coast, Fl
24 32164	29 32164
25 Flagler	30 Flagler

9. Name and Address of Current Registered Agent

GUNTHARP, PAUL M JR.
4 OLD KINGS RD. NORTH
SUITE 8
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name: PAUL M GUNTHARP JR
82 Street Address (P.O. Box Number is NOT Acceptable): 185 Cypress Point Pkwy
83 Suite 4
84 City: Palm Coast, Fl FL 85 Zip Code: 32164

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	DP	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	GAZZOLI, JOHN		1.2 NAME	John R. Gazzoli	
STREET ADDRESS	25 OLD KINGS RD. N., STE. 4B		1.3 STREET ADDRESS	3 Cole Place	
CITY-ST-ZIP	PALM COAST FL		1.4 CITY-ST-ZIP	Palm Coast, Fl. 32137	
TITLE	VST	☐ DELETE	2.1 TITLE	PST	☒ Change ☐ Addition
NAME	GAZZOLI, ROBERT		2.2 NAME	Robert Gazzoli	
STREET ADDRESS	57 EAGLE HARBOR TRAIL		2.3 STREET ADDRESS	57 Eagle Harbor Trail	
CITY-ST-ZIP	PALM COAST FL		2.4 CITY-ST-ZIP	Palm Coast, FL 32164	
TITLE		☐ DELETE	3.1 TITLE	~~[illegible]~~	☐ Change ☒ Addition
NAME			3.2 NAME	~~[illegible]~~	
STREET ADDRESS			3.3 STREET ADDRESS	~~[illegible]~~	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	~~[illegible]~~	
TITLE		☐ DELETE	4.1 TITLE	~~VP~~	☐ Change ☒ Addition
NAME			4.2 NAME	~~[illegible]~~	
STREET ADDRESS			4.3 STREET ADDRESS	~~[illegible]~~	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	~~[illegible]~~	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	900002525989	
STREET ADDRESS			6.3 STREET ADDRESS	-05/15/98--01081--035	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***300.00	

85
5.13

CR2E034 (10/97)

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 [illegible] 4/27/98 904-445-9009