SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 5, 1995.
AMOUNT DUE ON OR BEFORE 8/5/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 19 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000053388 (2)**

1. Corporation Name
SEDAC, INC.

Principal Place of Business	Mailing Address
6616 THOROUGHBRED LOOP ODESSA FL 33556	6616 THOROUGHBRED LOOP ODESSA FL 33556

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/19/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 1655 Missouri Ave	26 1655 Missouri Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Clearwater	28 City & State: Clearwater
24 Zip: 34616 25 Country: Pinellas	29 Zip: 34616 30 Country: Pinellas

4. FEI Number: 65-0535851 ☐ 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

MILLER, ED
6616 THOROUGHBRED LOOP
ODESSA FL 33556

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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, ED	1.2 NAME	
STREET ADDRESS	6616 THOROUGHBRED LOOP	1.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☒ Change ☐ Addition
NAME	WELLES, ANGELA	2.2 NAME	
STREET ADDRESS	995 CASA DEL SOL CR.	2.3 STREET ADDRESS	9703 Sand Hollow Ct
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	2.4 CITY-ST-ZIP	Clearwater, FL 34621
TITLE	V	3.1 TITLE	☒ Change ☐ Addition
NAME	MILLER, SCOTT	3.2 NAME	
STREET ADDRESS	662 GLADES CR. #230	3.3 STREET ADDRESS	9721 Haverhill Ct
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	3.4 CITY-ST-ZIP	Clearwater, FL 34621
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, CHERYL	4.2 NAME	
STREET ADDRESS	6616 THOROUGHBRED LOOP	4.3 STREET ADDRESS	Delete
CITY-ST-ZIP	ODESSA FL 33556	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	

CR2E034 (3/95)

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 if changed or on an attachment with an address.

SIGNATURE: [signature] Angela Welles 7/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0097634 CF