## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P94000057595** (8)

SEA TRAIL DEVELOPMENT CORP.

8351 BLIND PASS ROAD

ST PETERSBURG BEACH FL 33706

Principal Place of Business Mailing Address				T HERSTORY THE MAINT BOTH BOTH ROTH CANAL COLOR BILLY SELECT STATE STATE IN THE			
1635-B ROYAL PALM DRIVE GULFPORT FL 33707		1635-B ROYAL PA GULFPORT FL 333	LM DRIVE 107-3882				
				3. Date Incorporated or Qualified 08/03/1994	3a. Date of Last Report 02/23/1996		
2. Principal Place of Business		2a. Mailing Addr	ess	4. FEI Number	Applied For		
21		26		59-3265648	Not Applicable		
Suite, Apt #, etc.		Suite, Apt. #,	etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	to	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip <b>29</b>	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,  Yes No		
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registered Agent			
DOL	IGLASS, ROBERT A		81 Nar	me			

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, with and accept the obligations of Section 607.0505. Florida Statutes.

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Street Address (P.O. Box Number is Not Acceptable)

agent 17	im lanililar with, and accept the obligations of	or, section 607.0303, Fig	iida siaidies.			
SIGNATURE	Signature, typed of portiod name of redistered agent and the	e Lappycable (NOT	Registered Agent signature requir	red when reinstating)	DATE	
12.	OFFICERS AND DIRE	13.		OFFICERS AND DIRECTOR	DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE		Change	Addition
NAME	CALDWELL, ROBERT W III		1.2 NAME			
STREET ADDRESS	1635-B ROYAL PALM DR		1.3 STREET ADDRESS			
CITY-ST-ZIP	GULFPORT FL 33707		1.4 CITY - ST - ZIP			
TiTLE	VD	DELETE	2.1 TITLE		☐ Change	Addition
NAME	CALDWELL, CATHERINE D		2.2 NAME			
STREET ADDRESS	1635-B ROYAL PALM DR		2.3 STREET ADDRESS			
CITY-ST-ZIP	GULFPORT FL 33707		2.4 CITY-ST-ZIP			
THE	STD	DELETE	31 TITLE		☐ Change	Addition
NAM:	MCCARTHY, VAUGHN E		3.2 NAME			
STREET ADDRESS	1120 PINELLAS BAYWAY #202		3.3 STREET ADDRESS			
C:Th - ST - ZIP	TIERRA VERDE FL 33715		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST- ZIP			4.4 CITY - ST - ZIP			
TILE		DELETE	5.1 TITLE		Change	Addition
NAME			5,2 NAME			
STREET ADDRESS	j	:	5 3 STREET ADDRESS			
CI*V S1-ZIP			5 4 CITY-ST-ZIP			
THE		DELETE	6 1 TITLE	,	Change	Addition
NAME			62 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
CITY - ST- Z/P			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

Westerw. Conowers

Zip Code

**FILED** 

Jan 28 1997 8:00am

Secretary of State