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Apr 10 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 # P94000059396 (9)

1. Corporation Name

CAROL E. SEAGROVES & ASSOCIATES, INC.

Principal Place of Business

510 RAPIDFALLS DR
BRANDON FL 33511
US

Mailing Address

510 RAPIDFALLS DR
BRANDON FL 33511-7546
US

3. Date Incorporated or Qualified

08/10/1994

3a. Date of Last Report

08/07/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

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29

30

g. Name and Address of Current Registered Agent

MCDERMOTT, MICHAEL J
791 W LUMSDEN RD
BRANDON FL 33511

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME: SEAGROVES, CAROL E
STREET ADDRESS: 510 RAPID FALLS DR
CITY-ST-ZIP: BRANDON FL 33511

1.2 TITLE ☐ DELETE

NAME: SEAGROVES, CONRAD
STREET ADDRESS: 510 RAPID FALLS DR
CITY-ST-ZIP: BRANDON FL 33511

1.3 TITLE ☐ DELETE

NAME: SEAGROVES, RONALD M
STREET ADDRESS: 510 RAPID FALLS DR
CITY-ST-ZIP: BRANDON FL 33511

1.4 TITLE ☐ DELETE

NAME: DUNN, JENNIFER L
STREET ADDRESS: 3902 ARLINGTON AVE
CITY-ST-ZIP: FT MYERS FL 33901

1.5 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

1.6 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
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

Date

Daytime Phone #

CONRAD SEAGROVES 4/4/94 813661-6874

CR2E034 (9/96)