

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90231 029 ***150.00

DOCUMENT # P94000059396

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1994

4. FEI Number

59-3264419

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 the current year Intangible
Personal Property Tax.

Yes ☐ No ☒

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE D
NAME SCHEKMAN, RONALD M.
STREET ADDRESS 10504 ANGLECREST DR
CITY-ST-ZIP RIVERVIEW FL 33569

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME TOM LEECHIN
1.3 STREET ADDRESS 8614 HERONS COVE PL
1.4 CITY-ST-ZIP TAMPA, FL 33647

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D
4.2 NAME JENNIFER L. DUNN
4.3 STREET ADDRESS 5316 KLIKITAT AVE
4.4 CITY-ST-ZIP PORTLAND, OR 97213

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)