

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P94000060090 (5)**

1. Corporation Name
SEABIRD PARK, INC.

Principal Place of Business
**90 DUNLAWTON AVE.
PORT ORANGE FL 32127**

Mailing Address
**90 DUNLAWTON AVE.
PORT ORANGE FL 32127**

FILED
Mar 12 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/11/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3262532	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent HODKOSKI, VIRGINIA D 90 DUNLAWTON AVE. PORT ORANGE FL 32127				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P.V.D
NAME	HODKOSKI, VIRGINIA D	1.2 NAME	Hodkoski, Virginia D.
STREET ADDRESS	90 DUNLAWTON AVE.	1.3 STREET ADDRESS	90 Dunlawton Ave
CITY-ST-ZIP	PORT ORANGE FL 32127	1.4 CITY-ST-ZIP	Port Orange FL 32127
TITLE	D	2.1 TITLE	
NAME	DAVIS, LINDA MARIE	2.2 NAME	
STREET ADDRESS	P.O. BOX 8783 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	WASILLA AL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	DAVIS, ROBERT N	3.2 NAME	
STREET ADDRESS	627 HERBERT STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL 32119	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 as an attachment with an address.

SIGNATURE:

Virginia D. Hodkoski

CR2E034 (1097)