FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:57
AM 12:31

DOCUMENT # **P94000061372 (6)**

1. Corporation Name

#9 SEAM INC.

Principal Place of Business	Mailing Address
600 MANATEE AVENUE. WESTBAY COVE #112 HOLMES BEACH FL 34217	600 MANATEE AVENUE. WESTBAY COVE #112 HOLMES BEACH FL 34217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 221 Riverside Drive
22 Suite, Apt. #, etc.:
City & State 23: Madison, WV
Zip 24: 25130 Country 25: US

2a. Mailing Address
26: 221 Riverside Drive
27 Suite, Apt. #, etc.:
City & State 28: Madison, WV
Zip 29: 25130 Country 30: US

4. FEI Number: 55-0736680 ☐ 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

DORIS A. BUNNELL, P.A.
608 15TH STREET WEST
BRADENTON FL 34205

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, type or print 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		11 TITLE	P/S/D	☐ Change ☒ Addition
NAME		12 NAME	Robinson, A. F.	
STREET ADDRESS		13 STREET ADDRESS	221 Riverside Drive	
CITY ST ZIP		14 CITY ST ZIP	Madison, WV 25130	
TITLE		21 TITLE	V/T	☐ Change ☒ Addition
NAME		22 NAME	Cook, William L.	
STREET ADDRESS		23 STREET ADDRESS	Rt. 85 - P. O. Box 669	
CITY ST ZIP		24 CITY ST ZIP	Oceana, WV 24870	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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 above, or on an attachment with an address.

SIGNATURE: A. F. Robinson, Pres. 3/20/95 (304) 369-4687
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

C94000061372 FR