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FILED
May 05 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 # P94000070895 (5)

1. Corporation Name
SEAGATE PUBLISHING COMPANY



Principal Place of Business
4077 TAMiami TRAIL N.
D-201
NAPLES FL 33940

Mailing Address
414 CRESCENT ST
FT. MYERS FL 33931-2620

3. Date Incorporated or Qualified
09/27/1994

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

21 1220 11th ST. N.
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 11911
Suite, Apt. #, etc.

4. FEI Number
65-0631260

Applied For
Not Applicable

22 City & State
23 NAPLES, FL

27 City & State
28 NAPLES, FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 34102

25 COLLIER

29 34101-1911

30 COLLIER

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SALVATORI, LEO J
4501 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 33940-3060

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	P	FOSTER, G D	1220 11TH ST. NORTH	NAPLES FL 33940	<input type="checkbox"/> DELETE
TITLE	VP	KREUSER, WILLIAM G	1025 N. WATERWAY DRIVE	FT. MYERS FL 33919	<input type="checkbox"/> DELETE
TITLE	ST	SPEIRN-SMITH, DOUGLAS H	414 CRESCENT STREET	FT. MYERS FL 33931	<input type="checkbox"/> DELETE
TITLE					<input type="checkbox"/> DELETE
TITLE					<input type="checkbox"/> DELETE
TITLE					<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: G. D. FOSTER, PRESIDENT

Date

Daytime Phone #

4-24-97

CR2E034 (9/96)