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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000070895 (5)

SEAGATE PUBLISHING COMPANY

FILED Apr 27 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					E HORSINGS IN SOUR HUBBS ABOUT ABOUT BOSTS ABOUT	isani anter iaira iaiai siti gan
1220 11TH ST NAPLES FL 34 US		P.O. BOX 11911 NAPLES FL 34101-1911 US			DO NOT WRITE IN TH	HIS SPACE
03		00			3. Date Incorporated or Qualified	
					09/27/1994	
2. Principal Pl	ace of Business	2s. Mailing Address			4. FEI Number	Applied For
21 2337	KINGS LAKE BLU	26	86L	444	65-0631260	Not Applicable
Suite, Apt.	*, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Count	try	B. This corporation owes or has paid the	current year Intangible
24 3411	12 25 05	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent
SAL	LVATORI, LEO J		8	1 Name		
4501 TAMIAMI TRAIL NORTH				82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 300 NAPLES FL 33940-3080			F	13		
i i i i i i i i i i i i i i i i i i i	LLO 1 L 00910-0000			4 City		85 Zip Code
			i	1 '		-L ¦ '
11. Pursuant to office or reagent. I a	to the provisions of Sections 607.0502 egistered agent or both in the State o m familial with, and accept the objigati	and 607.1508, Florida Statute I Florida: Such change was a ons of, Section 607.0505, Fic	es, the about outhorized Tha Statut	by the corporates.	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE	Signature, typed or printed rather of printed agent		Registered A		LES 03-2	iE .
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITU	E	(ADDRESS CHANGE	Change L. Addition
NAME	FOSTER, G D		1.2 NAM			RUIN.
STREET ADDRESS	1220 11TH ST. NORTH		1.3 STR	EET ADDRESS 🌡	2337 KINGS CARE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CITY-ST-ZIP	NAPLES FL 33940			r-ST-ZIP	NAPLES, FL 3-	1112
TITLE	VP	•		E		☐ Change ☐ Addition
NAME	KREUSER, WILLIAM G		2.2 NAM	lE		
STREET ADDRESS	1025 N. WATERWAY DRIVE		2.3 STR	EET ADDRESS	e e	
CITY-ST-ZIP	FT. MYERS FL 33919			Y-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITU	- 1		Change Addition
NAME	Speirn-Smith, Douglas H		3.2 NAM	lE		
STREET ADORESS	414 CRESCENT STREET		3.3 STR	EET ADDRESS		
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP		
TITLE		☐ DELETE	4.1 TITU	E		Change Addition
NAME			4. 2 NAA	ME		
STREET ADORESS			4.3 STR	EET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		☐ DELETE	5.1 TITU	E [Change Addition
NAME			5.2 NAW	ME		
STREET ADDRESS			5.3 STRE	EET ADDRESS		
CITY-ST-ZIP			5.4 CITY	(-ST-ZIP		
TITLE		DELETE	6.1 FITL	E _		☐ Change ☐ Addition
NAME			6.2 NAM	AE		
STREET ADDRESS			6.3 STR	EET ADDRESS		
CITY-ST-ZIP				1-ST-21P		
14 I hereby o	ertify that the information supplied with	this filing does not qualify for	or the exen	notion stated i	in Section 119.07(3)(i), Florida Statutes, I furthe	ar certify that the information

Thereby certify that the information purpose with this litting does not quality for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is proported and that may 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 interferent with an addition.

SIGNATURE:

G. D. FOSTER_ (PRES)