FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

100/	
1996	
1331	

DOCUMENT #

P94000082250 (9)

SEIBERT FAMILY, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zφ

Maling Address

2a. Mailing Address

City & State

Suite Apt #, etc.

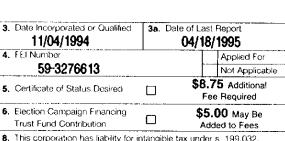
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122 FOURTEENTH AVENUE INDIALANTIC FL 32903 122 FOURTEENTH AVENUE INDIALANTIC FL 32903



SEIBERT, WILLIAM F 122 FOURTEENTH AVENUE INDIALANTIC FL 32903

Country

9. Name and Address of Current Registered Agent

25

ritry	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes (X) Yes (I) No
	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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Signature species protestions of required up to entire in a process. 12. OFFICERS AND DIRECTORS		To Buy stored Agent signature improved where were transported to the DATE. ADDITIONS/CHANGES TO DEFICE BS AND DIRECTO		
TITLE	PD	DELETE	1 1 TiTLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	SEIBERT, WILLIAM F		1.2 NAME	
STREET ADDRESS	122- 14TH AVE		1.3 STREET ADDRESS	
CITY - ST - ZIP	INDIALANTIC FL		1.4 CITY - ST - ZIP	
TITLE	TSD	DELETE	2 1 Tift #	Change Addition
NAME	SEIBERT, JOAN		2 2 NAME	
STREET ADDRESS	122 14TH AVE		2.3 STREET ADDRESS	
CITY - ST - ZIP	INDIALANTIC FL		2 4 CITY - ST - ZIP	
TITLE	D	DELETE	3 1 TITLE	Change Addition
NAME	FESSLER, JACQUELINE		3.2 NAME	
STREET ADDRESS	122 14TH AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL		3.4 CiTY - ST - ZiP	
TITLE		☐ DELETE	4 1 THILE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STHEET ADDRESS	
CITY-SI-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5 1 TIFLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - \$T - 7IP	
TITLE	2/11 - /	DELETE	6 1 T:TLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6 3 STREET ADDRESS	
CITY CT TIE			0.4.000	

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)(b). 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 enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Black, 13 if changed, or open abjorhment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 1/407/676-2095

CR2E034 (12/95)