

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000082250

1. Corporation Name  
SEIBERT FAMILY, INC.

Principal Place of Business  
122 FOURTEENTH AVENUE  
INDIALANTIC FL 32903

Mailing Address  
122 FOURTEENTH AVENUE  
INDIALANTIC FL 32903

2. Principal Place of Business  
21 130 A VERSAILLES DR

2a. Mailing Address  
26 130 A VERSAILLES

Suite, Apt. #, etc.

22 MELBOURNE BEACH FL.

27 MELBOURNE BEACH FL

City & State

23 32951

28 City & State

29 32951

Zip

24

Country

25

Country

26

30

9. Name and Address of Current Registered Agent

SEIBERT, WILLIAM F  
122 FOURTEENTH AVENUE  
INDIALANTIC FL 32903

81 Name SEIBERT, WILLIAM F.

82 Street Address (P.O. Box Number is Not Acceptable)

130 A VERSAILLES DR

83

84 City MELBOURNE BEACH FL 85 Zip Code 32951

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	PD	<input type="checkbox"/> DELETE 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE 3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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		<input type="checkbox"/> DELETE 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *William F. Seibert* WILLIAM F. SEIBERT 2/9/99 407 676-2095  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
POES

0108227

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90147 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1994

4. FEI Number 59-3276613  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Election Campaign Financing  \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.  Yes  No

10. Name and Address of New Registered Agent

CR2E034 (11/98)