

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

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Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000028724 (9)

1. Corporation Name

SEMINOLE GRASSING CO.

Principal Place of Business

P.O. BOX 2131
LAKELAND FL 33806-2131

Mailing Address

P.O. BOX 2131
LAKELAND FL 33806-2131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/06/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3307360	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

PARTRIDGE, TODD
1411 WYNGATE DRIVE
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name ROSEANNA PARTRIDGE
82 Street Address (P.O. Box Number, is Not Acceptable) 1411 Wyngate Dr.
83 Lakeland
84 City FL 85 Zip Code 33809

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

Roseanna Partridge

Signature of typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	V
NAME	PARTRIDGE, TODD	1.2 NAME	Todd PARTRIDGE
STREET ADDRESS	1411 WYNGATE DRIVE	1.3 STREET ADDRESS	1411 Wyngate Dr.
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	VS	2.1 TITLE	PKT
NAME	PARTRIDGE, ROSEANNA	2.2 NAME	ROSEANNA PARTRIDGE
STREET ADDRESS	1411 WYNGATE DRIVE	2.3 STREET ADDRESS	1411 Wyngate Dr.
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	LAKELAND FL 33809
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE:

Roseanna Partridge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 20, 1998 941-858-8788

Date Daytime Phone # 0417067

CR2E034 (10/97)