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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUN	MENT # P950	000044960 (9)			
SEASIDE MOTORS, INC.					
OLAOIL	A MOTORIO, INC.			I KARINTÉK NIA KANAK ANNI BANU BAKKA	1
Principal Place	of Business	Mailing Address			
		-			
262 14TH ST Charge API 10 Charge			ţ Z		
LARGO FL 34640 (ARGO FL 34640				3. Date Incorporated or Qualified	3a. Date of Last Report
				06/02/1995	N/A-
Principal Place of Business 2a. Mailing Address				4. FEI Number 35-1956270	Applied For
21 17475 Go IF Blod 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				33-1136210	Not Applicable \$8.75 Additional
22]	r, etc.	Suite, Apt. #, etc.	10	5. Certificate of Status Desired	Fee Required
City & State	Luczan Sha	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
2 3370	Shop Sho	Zip Zip	Country	8. This corporation has liability for in	tangible tax under s. 199.032,
2 23 10	9 Name and Address of C	1/17 [58]	30	Florida Statutes Yes 10. Name and Address of New Re	
	g, remo and reduced or o	on on the grant of the grant	81 Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
TWEEDALE, THOMAS J 82 Street Add				ess (P.O. Box Number is Not Acceptable)
262\14TH ST			7/31	25 Wilcox R& # 68	۵
APT 10	E4 - 444	1,2	→ 83		
LARGQ	FL 34640		84 City L	- MK9 U	FL 85 Zip Code 34644
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 🕻	Shomas Y. St	VELAUVE	TIOMAS C	T. Twa date /-	24-95
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
UTcE	D	☐ DELETE	1. 1 TiTLE		Change
NAME	TWEEDALE, THOMAS J	25 Wilcox Ra 4682	1.2 NAME		
STREET ADDRESS	151 14000 FL 04040	42 011/07/W	1.3 STREET ADDRESS	Addrie chose	
CITY-ST-ZIP TITLE	-LARGO FL-34640 LA	190 71 34644 □ DELETE	1.4 CiTY-ST-ZIP 2 1 TITLE	······································	Change Addition
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NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
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THILF		☐ DELETE	6 1 TITLE	The second secon	Change
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHTY-ST-ZIP			64 CITY-ST-ZIP		
14. I do hereb	y certify that the information support the information indicated on this	plied with this filing is voluntarily furnish	ned and does not qualify for	or the exemption stated in Section 119.0	7(3)(k), 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 it made under eath; 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 Biock 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Parsident 1-24.56

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