

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

DOCUMENT # P95000044960 (9)

1. Corporation Name

SEASIDE MOTORS, INC.



Principal Place of Business

Mailing Address

262 14TH ST
APT 10
LARGO FL 34640

262 14TH ST
APT 10
LARGO FL 34640

2. Principal Place of Business

2a. Mailing Address

21 17415 GOLF BLVD

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

2

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TWEEDALE, THOMAS J
262 14TH ST
APT 10
LARGO FL 34640

81 Name

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

13125 Wilcox Rd #602

83

84 City

LARGO

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 Thomas J. Tweedale

THOMAS J. Tweedale

1-24-96

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	NAME	STREET ADDRESS	CITY - ST - ZIP
D	TWEEDALE, THOMAS J	262 14TH ST - 13125 Wilcox Rd #602	LARGO FL 34640 LARGO FL 34644
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			
<input type="checkbox"/> DELETE			

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
<input checked="" type="checkbox"/> Change		address change	
<input type="checkbox"/> Change			
<input type="checkbox"/> Change			
<input type="checkbox"/> Change			
<input type="checkbox"/> Change			
<input type="checkbox"/> Change			
<input type="checkbox"/> Change			
<input type="checkbox"/> Change			

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)(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 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: Thomas J. Tweedale

President 1-24-96

813-392-7754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)