Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90022 013 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEP/RTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000050935

1. Corporation Name

SEABURY VISUAL GRAPHICS, INC.

Principal Place of Business Mailing Address										
324 NORTH RHODES STREET MT. DORA FL 32757		324 NORTH RHODES MT. DORA FL 32757	324 NORTH RHODES STFEET MT. DORA FL 32757				DO NOT WI	DITE IN THE	IS SPACE	
							Date Incorporated or Qualife		3 St ACE	
							06/29/1995	u		
2 Princina Pl	ace of Business	2a. Mailing Address					4. FEI Number		Apr	lied For
21	doo of odomood	H "	26				59-3329259		<u> </u>	Applicable
Suite, Apt. #, etc.		<del></del>	Suite, Apt. #, etc.						\$8.75 A	ditional
22		27	27				5. Certifcate of Status Desired		Fee Rec	cuired
City & State		City & State	City & State				6. Election Campaign Financing	· 🗆	\$5.00	May Be
23		28					Trust Fund Contribution		Added to	Fees
Zip	Courtry	Zip					8. This corporation owes the current year intangible Persor al Property Tax. ☐ Yes			
24	[25]	29	30	1			Persor al Property Tax.  10. Name and Address of New	Pagistors	☐ Yes	KINO
	9. Name and Address of Cu	urrent Registered Agent		81	Name		10. Name and Address of New	Registere	u Agein	
SEA	BURY, JOHN W JR			Ľ.						
	NORTH RHODES STREET		82 Street Ad			t Ac dre	ess (P.O. Box Number is Not Accep	otable)		
	DORA FL 32757			83						
				84	City			F	<b>L</b>  85   Zip €	Sode
11. Pursuant	to the provisions of Sections 607	7.0502 and 607.1508, Florida !	Statutes, the a	bove	e-name	d cc rpc	oration submi s this statement for th	e purpose	of changing its	registered
office crr	egistered agent, or both, in the S m familiar with, and accept the o	State of Florida. Such change v	was authorize	d by	the cor	poratio	n's board of directors. I hereby acc	ept the app	ointment as rec	gistered
•	m tarrillar willir, and accept the o	ongations of, Section 607.000	o, i ionida otal	uics	•					Į
SIGNATURE	Signature, typed or printed na ne of registere	ed agent and title if applicable	(NOT - Registered	d Ager	nt signatur	beri iper e	when reinstating)	DATE		
12.		S AND DIRECTORS	13.				ADDITIONS/CHANGES TO C	FFICERS		
TITLE	P/D	☐ DELE	_		I.1 TITLE				Change	Addition
NAME	SEABURY, JOHN W.		1.2 N							
STREET ADDRESS	324 NORTH RHODES STR	EET			TADDRES	s				
CITY-ST-ZIP	MT. DORA FL 32757			ITY-S	T-ZIP	+-			Change	Addition
TITLE		☐ DELE							Change	
NAME			2.2 N			_				
STREET ADDRESS					TADDRES	3				
CITY-ST-ZIP		DELE			ST-ZIP	+-			☐ Change	Addition
TITLE									change	
NAME			3.2 N		T 40000E0					1
STREET ADDRESS					TADDRES	5				
CITY-ST-ZIP		DELE			ST-ZIP	+-			Change	Addition
TITLE			1	NAME						
NAME expect appress					T ADDRES	2				
STREET ADDRESS			1	ITY-S		1				
CITY-ST-ZIP TITLE		DELE			1.7411.	+-	<u> </u>		Change	Addition
NAME			52 N							
STREET ADDRE 3S			5.3 S	TREE	T ADDRES	s				
CITY-ST-ZIP			540	ITY-S	T-ZIP					
TITLE		☐ DELE	TE 6.1 T	ITLE		<b>†</b> -			Change	☐ Addition
NAME			6.2 N	IAME						
STREET ADDRESS:			6.3 \$	TREE	T ADDRES	s				

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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 corpora ion 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 changes of the address, with a address, with a lighter like empowered.