## \_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 #

P95000062264 (3)

K. SEAGULL PRODUCTION INC.

Principal Place of Business

Mailing Address

RR #3, 213 M. CEDAR DR. BIG PINE KEY FL 33043

RR #3, 213 M. CEDAR DR. BIG PINE KEY FL 33043

## FILED

96 APR 30 AH II: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified 08/11/1995



3a. Date of Last Report

| 2. Principal Pla                                 | ace of Business II. ROOST TARIL  | 2a. Mailing Address<br>26 <b>39093</b> CE                          | DAR DR.   | 4. FEI Number 65 - 0601391  | Applied For Not Applicable  |
|--|--|--|---|---|---|
| Suite, Apt.                                      |  | Suite, Apt. #, etc.  |   | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required  |
| City & State                                     | PINE KEY FL.   | City & State 28 BIG PINE KE  | Y, FL.  | Election Campaign Financing     Trust Fund Contribution                             | S5.00 May Be Added to Fees  |
| <sup>Ζρ</sup><br>24 <b>33043</b>                 | Country<br>25 NON ROE  | 29 <b>33043-6003</b> 3   | Country<br>10 MONBOE                                |   | No  |
|  | 9. Name and Address of Current I   | Registered Agent   | 81 Name   | 10. Name and Address of New F   | Registered Agent  |
| SHRAKE, ELIZABETH G                              |  |  |   | ress (P.O. Box Number is Not Acceptal   | ole)  |
| RR #3, 213 M. CEDAR DR.<br>BIG PINE KEY FL 33043 |  |  | 83  |   |   |
|  |  |  | 84 City   |   | FL 85 Zip Code  |
| or register                                      | to the provisions of Sections 607.0502 a<br>red agent, or both, in the State of Florida<br>the and accept the obligations of Section   | Such change was authorized in                                      | the above-named corpo<br>by the corporation's boa   | ration submits this statement for the purific of directors. I hereby accept the app | rpose of changing its registered office lointment as registered agent. I am |
| SIGNATURE  |  | ات<br>دو المحمده عالم الحيال الحيال                                | ے کے بیائے  |   |   |
|  | Signatu , typed or printed name of registered ages and OFFICERS AND I  |  | Registered Agent signature require 13.              |   | DATE<br>ICERS AND DIRECTORS IN 12   |
| 12.  | <del></del>  | DELETE DELETE  | 1.1 Title !   | ADDITIONS/CHANGES TO OFF  | Change Addition   |
| TILLE  | Š  |  | 1.2 NAME  |   |   |
| NAME   | Mark E. Godula   |  |   | -   |   |
| STREET ADDRESS<br>CHIY-ST-ZIF                    | 29093 Cedar Dr.<br>Big Pine Key, FL 330  | )43 <u> </u>   | 1.3 STREET ADDRESS  1.4 CITY-SY-ZIP                 | . <u>1</u>  |   |
| TITLE  | P  | DELETE   | 2.1 TITLE   |   | Change  Addition  |
| NAME   | Rose C. Godula   |  | 2 2 NAME  |   |   |
| STREET ADDRESS                                   | 29093 Cedar Dr.  |  | 2.3 STREET ADDRESS                                  |   | `   |
| CITY - ST - ZIP                                  | Big Pine Key, FL 330   | 143  | 2 4 CłTY - ST - ZIP                                 |   |   |
| TITLE  | V  | ☐ DELETE   | 3 1 TITLE   |   | Change Addition   |
| NAME   | Elizabeth G. Shrake  |  | 3.2 NAME  |   |   |
| STREET ADDRESS                                   | 29093 Cedar Dr.  |  | 3.3. STREET ADDRESS                                 |   |   |
| CITY - ST - ZIP                                  | Big Pine Key, FL 330   | )43  | 3.4 CITY - ST - ZIP                                 |   |   |
| TITLE  |  | DELETE   | 4. 1 TITLE  | البياء فيباد البياء   | Chagge Addition   |
| NAME   |  |  | 4.2 NAME  | 205701  | n p 1 号行3 44当<br>79601057003  |
| STREET ADDRESS                                   |  |  | 4.3 STREET ADDRESS                                  | *****2  | /36==0103(==003<br>00.00 ****200.00   |
|  |  |  | 4.4 CITY - ST - ZIP                                 | कककक€   | սս.սս ককককչոս.սս  |
| CITY-ST-ZIP<br>TITLE                             |  | ☐ DELETE   | 5. 1 TITLE  |   | Change Addition   |
|  |  | En percer  | 5.2 NAME  |   | _ *   |
| NAME<br>NAME                                     |  |  | 5.2 NAME<br>5.3 STREET ADDRESS                      |   |   |
| STREET ADDRESS                                   |  |  | i i   |   |   |
| CHY-ST-7IP                                       |  | <b>Г</b> ] DELETE  | 5.4 CHY-SI-ZIP<br>6.1 TITLE                         |   | Change Addition   |
|  |  |  |   |   | C compa   |
| NAME   |  |  | 6.2 NAME  |   |   |
| STREET ADDRESS                                   |  |  | 6 3 STREET ADDRESS                                  |   |   |
| CITY - ST - ZIP                                  | by certify that the information supplied wi  | h shin filing in an intendir formish                               | 64 CiTY-ST-ZIP                                      | for the eventation stated in Costing 110  | 0.07/2VL) Florida Statutos I further  |
| certify that                                     | by centry that the information supplied wi<br>at the information indicated on this annua<br>t I am an officer or director of the corpora<br>n Block 12 or Block 13 if changed, or on | report or supplemental annual<br>tion or the receiver or trustee e | report is true and accur<br>impowered to execute th | ate and that my signature shall have the  | s same legal effect as if made under  |

H. Shake, EUZABETH G. SHAAKE 4-24-96 (305) 872-9314