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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

## DOCUMENT # P96000049038 (8)

SEAGROVE INTERIORS, INC.

Principal Place of Business		Mailing Address	Mailing Address			g se birgan ein tiltie beite abitt dorn altit dans gegeb (bil) og bø tildt kan spåt					
4935 E HWY 30A SUITE 4 SEAGROVE BEACH	1 F1 32459	4935 E HWY 30A SUITE 4 SEAGROVE BEACH FL 32459-6558									
CONTRACT PLANT	. ( 2 42 00			•••		3. Date Incorpora 06/06/1996		3a. Date of	Last Re	port	
2. Principal Piace	of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number Ap			<del></del>	plied For at Applicable	
Suite, Apt. #, et	to	Suite, Apt #	etc.			5. Certificate of S	tatus Desired		<b>8.75</b> A	dditional quired	
City & State		City & State				6. Election Camp Trust Fund Co	-	7	55.00 i Added to		
Zip <b>24</b>	Country 25	Zip <b>29</b>	30	Country	,	8. This corporation Florida Statute	s Ĺ	]Yes ☑No	э -	199.032,	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
AMMONS, CAROL 4935 E HWY 30A					201	Kenge due narriage H ddress (P.O. Box Numbe	olloway	CAR	202		
SUITE 4	4			82	OlleelA		ir is not nocepta				
SEAGR	OVE BEACH FL 32459			64	City			FL 85	Zip C	ode	
office or regis agent. I am fa SIGNATURE	te provisions of Sections 607 stered agent, or both, in the S smilliar with, and accept the c	State of Florida Such char obligations of, Section 607	nge was autho .0505, Florida	rized by Statutes	y the corpo s.	Orporation submits this storation's board of director squired when reinstating)	tatement for the process thereby acce	purpose of cha pt the appointn	nging its nent as r	registered registered	
12,		S AND DIRECTORS		13.	ork algridiore is		ANGES TO OFFIC		ECTOR!	3 IN 12	
Title	01102110	D		1.1 TITLE	т						
NAMÉ		_		1.2 NAME		Holloway, J 4935 E Hwy Seagrove I P/T/S	AMES A. 30 A, SI	cite 4	•		
STREET ADDRESS					ADDRESS	SCAPHOVE I	BEACH. F	L 32	459		
CITY - ST - ZIP TITLE				1.4 C/TY - 5 2.1 TITLE	SI-ZIP	PITIS		П	Channe	Additio	
NAMÉ				2.2 NAME		Halloway, C	ARON .	, j	D. M. ISP		
STREET ADDRESS					ADDRESS	Holloway, C. 4935 E. Hwy. Scagrove	30 A, Sui	1c 4			
CITY - \$1 - 7FF				2 4 CITY-	SY-ZIP	Scagrove L	3each, Fl	324	159		
DILF		D		3.1 TITLE	"	0			Change	Additio	
NAME			1	3.2 NAME	}						
STREET ADDRESS				3.3 STREET	ADDRESS						
City-St 26				3.4. CITY-	ST-ZIP						
TITLE		D	ELETE	4.1 TITLE					Change	Addition	

6.4 CITY - ST - ZIP 14. I do 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

4.1 TITLE

4. 2 NAME 4.3 STREFT ADDRESS

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5 3 STREET ADDRESS 5.4 CITY-ST-ZIP

THIE

NAME

THEE

MAM STREET ADDRESS

TITLE

NAMI

CITY-ST-ZIP

STREET ADORESS

STREET ADDRESS

DELETE

DELETE

Change

Change

Addition

Addition

**FILED** 

May 09 1997 8:00am

Secretary of State