

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # P96000055450 (6)

1. Corporation Name

SEACOAST UNDERWRITERS, INC.



Principal Place of Business

7338 SOUTHWEST 168TH TERRACE
MIAMI FL 33157

Mailing Address

7338 SOUTHWEST 168TH TERRACE
MIAMI FL 33157-4877

2. Principal Place of Business

21 2222 Ponce de Leon

Suite, Apt. #, etc.

22 Suite 400

City & State

23 Coral Gables FL

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 2222 Ponce de Leon

Suite, Apt. #, etc.

27 Suite 400

City & State

28 Coral Gables FL

Zip

29 33134

Country

30 USA

3. Date Incorporated or Qualified

06/27/1996

3a. Date of Last Report

N/A

4. FEI Number

65-0679516

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CHAFFIN, R C
7338 SOUTHWEST 168TH TERRACE
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

NOT REQUIRED

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CHAFFIN, R C
STREET ADDRESS 7338 SOUTHWEST 168TH TERRACE
CITY-ST-ZIP MIAMI FL 33157

☐ DELETE

TITLE D
NAME CHAFFIN, SUZANNE
STREET ADDRESS 7338 SOUTHWEST 168TH TERRACE
CITY-ST-ZIP MIAMI FL 33157

☐ DELETE

TITLE D
NAME SEACREST, GARY L
STREET ADDRESS TWO RAVINIA DRIVE STE 1400
CITY-ST-ZIP ATLANTA GA 30346

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE

[Signature]

R C Chaffin President

(305) 774 9988

CR2E034 (9/96)