

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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **96000045068**

1. Corporation Name: **SEADRIFT, INC.**
1474 OCEAN SHORE BLVD
ORMOND BEACH, FL 32176

Principal Place of Business Mailing Address

"SAME"

3. Date Incorporated or Qualified 11-18-96	3a. Date of Last Report
4. FEI Number 59-3416149	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBERT W. LEMMON	81 Name
2675 JOHN ANDERSON DR.	82 Street Address (P.O. Box Number is Not Acceptable)
ORMOND BEACH,	83
FL 32176	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT & DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ROBERT W. LEMMON	1.2 NAME		
STREET ADDRESS 2675 JOHN ANDERSON DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP ORMOND BEACH, FL 32176	1.4 CITY-ST-ZIP		
TITLE SECRETARY, TREASURER & DIR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME BARBARA LEMMON	2.2 NAME		
STREET ADDRESS 2675 JOHN ANDERSON DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP ORMOND BEACH, FL 32176	2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	6.4 CITY-ST-ZIP		

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*****173.75**

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 included 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Robert W. Lemmon** 4-17-97 1-904-441-1904
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)