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FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000104439 (0)

1. Corporation Name

SEAHORSE MANAGEMENT COMPANY, INC.

Principal Place of Business

Mailing Address

4050 "G" STREET
SUITE 501
CEDAR KEY FL

4050 "G" STREET
SUITE 501
CEDAR KEY FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1996

4. FEI Number

59-3399256 59-3419722

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

21 4050 "G" Street

Suite, Apt. #, etc.

22

City & State

23 Cedar Key, FL

Zip

24 32625

Country

25

2a. Mailing Address

26 4050 "G" Street

Suite, Apt. #, etc.

27

City & State

28 Cedar Key, FL

Zip

29 32625

Country

30

9. Name and Address of Current Registered Agent

HOLDEN, CHARLES I JR.
2700-C NW 43RD STREET
GAINESVILLE FL 32608

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
LEHMAN, MELVIN E
STREET ADDRESS 2800 N.W. 29TH STREET
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ DELETE

NAME TD
TAYLOR, RONNIE
STREET ADDRESS P.O. BOX 247
CITY-ST-ZIP CEDAR KEY FL 32625

TITLE ☐ DELETE

NAME VD
OLDERMAN, RUSSELL
STREET ADDRESS P.O. BOX 267
CITY-ST-ZIP CEDAR KEY FL 32625

TITLE ☐ DELETE

NAME VD
POWERS, ED
STREET ADDRESS 5515 BAHIA MAR CIRCLE
CITY-ST-ZIP STONE MOUNTAIN GA 30087

TITLE ☐ DELETE

NAME S
PAGE, EDDIE
STREET ADDRESS 2800 NW 29TH STREET
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 TD
Taylor, Ronnie
16333 Andrews Cir

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 S
Page, Eddie
2444 NE First Blvd., Suite 500

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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: Ronnie F Taylor RONNIE F TAYLOR

1-20-98 352-543-5524

CR2E034 (10/97)