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**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90162 043 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000104439**

1. Corporation Name

SEAHORSE MANAGEMENT COMPANY, INC.

Principal Place of Business

4050 "G" ST  
CEDAR KEY FL 32625  
US

Mailing Address

4050 "G" STREET  
CEDAR KEY FL 32625  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1996

4. FEI Number

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 the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

HOLDEN, CHARLES I JR.  
2700-C NW 43RD STREET  
GAINESVILLE FL 32606

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

TITLE ☐ DELETE

NAME TD  
STREET ADDRESS TAYLOR, RONNIE  
CITY-ST-ZIP 16333 ANDREWS CIRCLE  
CEDAR KEY FL 32625

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

NAME S  
STREET ADDRESS PAGE, EDDIE  
CITY-ST-ZIP 2444 NE FIRST BLVD STE 500  
GAINESVILLE FL 32609

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  
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352/376-2886

Daytime Phone #

CR2E034 (11/98)