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

FILED Mar 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000019615 (8) SEEDROCK-VGP, INC. Mailing Address Principal Place of Business 1208 S. ALBANY TAMPA FL 33606 1208 S. ALBANY TAMPA FL 33606 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/26/1997 2, Principal Place of Business 2a. Mailing Address Applied For 59-3428394 5213 S. 21 5213 S, CRESCENT CRESCENT DR Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 丁R へいん 23 TAMPA П Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible J & L V 3364 U SA Personal Property Tax due June 30. Yes Yes 24 25 29 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LARSON, LORIE LARSON, LORIE 1208 S. ALBANY Street Address (P.O. Box Number is Not Acceptable) 82 TAMPA FL 33606 83 5213 S. CRESCENT DR. R4 City 85 Zip Code TAMPA 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. Lam familiar with and apolipt the obligations of, Section 607.0505, Florida Statutes. LORIES. LARSON RUG. RLENT re required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 DELETE Change Addition D. 1. 5.7 1.1 TITLE TETLE (Address) SMITH, JUDY L 1.2 NAME NAME S. CRESCENT BR 1208 S. ALBANY STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33606 CITY-ST-ZIP 1.4 CITY-ST-ZIP TAMPA, FL. 33611 DELETE Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3 4. CITY+ST-ZIP CITY - ST - ZIP DELETE Addition Channe TITLE 41 TITLE NAME 4 2 NAME 4 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP

CRZE034 (10/97

Addition

Block 12 or Block 13 if changed. 3-11-98 813-835-8293 SIGNATURE >

61 TITLE 6.2 NAME

14. Thereby 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

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

DELFTE

TITLE

NAME STREET ADDRESS

CITY - ST - ZIP