

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000042640**

1. Corporation Name

**SEAGROVE JOINT VENTURE, INC.**

Principal Place of Business

**4935 EAST COUNTY HIGHWAY 30-A. STE. 3  
SEAGROVE BEACH FL 32549**

Mailing Address

**4935 EAST COUNTY HIGHWAY 30-A. STE. 3  
SEAGROVE BEACH FL 32549**

**FILED**  
**Aug 11, 1999 8:00 am**  
**Secretary of State**

08-11-1999 90015 025 \*\*\*150.00

004380 - 90015 - 25



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/08/1998**

4. FEI Number

**59-3510576**

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.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 **184 TWELVE OAKS LANE**

26 **184 TWELVE OAKS LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **FREEPORT, FL.**

27 **FREEPORT, FL. 32439**

City & State

City & State

23 **32439**

28 **WALTON**

Zip

Country

Zip

Country

24 **32439**

29 **WALTON**

City & State

City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MATTHEWS, DANA C  
607 HIGHWAY 98 EAST  
DESTIN FL 32541**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE  
NAME **JOHNSON, EDWARD T**  
STREET ADDRESS **307 OSCEOLA COURT**  
CITY-ST-ZIP **NICEVILLE FL 32578**

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **JONES, C. WAYNE**  
1.3 STREET ADDRESS **184 TWELVE OAKS LANE**  
1.4 CITY-ST-ZIP **FREEPORT, FL. 32439**

TITLE **D** ☒ DELETE  
NAME **BATUR, KENNETH E**  
STREET ADDRESS **4935 EAST COUNTY HIGHWAY 30-A, STE. 3**  
CITY-ST-ZIP **SEAGROVE BEACH FL 32549**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **LAIRD, HARRY A III**  
2.3 STREET ADDRESS **2188 Bay Woods RD**  
2.4 CITY-ST-ZIP **FREEPORT, FL 32439**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

**SIGNATURE REQUIRED**

**8/6/99**

**654-4216**

Date

Overtime Phone #

CR2E034 (5/99)

0125161

PA8000042640  
604380-90015-25

Florida Department of State  
Division of Corporations  
Po Box 1500  
Tallahassee, FL 32302-1500

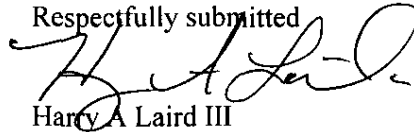
August 8, 1999

Dear Sir or Madam:

Attached you will find a second notice for the annual report due for Seagrove Joint Ventures Inc for 1999. We recently purchased the corporation from the individuals listed on the report and have just learned the corporation has not filed the annual report as required. We have enclosed the report along with the \$150.00 annual fee. We would ask that you abate the \$400.00 penalty due to the fact that we recently learned the report was not filed and now that we have control of the corporation's books and records will see that the report is filed in a timely fashion in the future. Your consideration on this matter is greatly appreciated.

If you require any additional information, please do not hesitate to correspond at your convenience.

Respectfully submitted



Harry A Laird III

Director

Seagrove Joint Ventures Inc

59-3510576