PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DINISION OF CORPORATIONS

DOCUMENT # P98000070091 1. Corporation Name

SEANCO, INC.

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Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90081 035 ***150.00

Principal Pla	ce of Business	Mailing Address		1 10841941 114 49141 49144 40141 89144 4	iaili ansse indet anfili Aured saidt isbi falle
701 MAXWELL	= :	701 MAXWELL CT			
GENEVA FL 3	2732	GENEVA FL 32732			
İ				DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualifed 08/07/1998	
2. Principal	Place of Business	2a. Mailing Address	10.	4. FEI Number	Applied For
21 350	o Dog Track Rd	26 1521 Fores	st Alve.	59-3525628	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		3. Certificate of Status Desired	Fee Required
City & Sta	nte nte	City & State	,	6. Election Campaign Financing	¬ \$5.00 May Be
23 LONG	wood FC	28 LONG 2000CL	FL	Trust Fund Contribution	Added to Fees
Zip	Country	2ip U	Country	8. This corporation owes the current	
24 32	150 25 US A		in USA	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regi	istered Agent
RYAN, SEAN B1 Name CAROLE DOEGE					
					1
1 -	MAXWELL CT		3330	ess (P.O. Box Number is Not Acceptable	,
GET	NEVA FL 32732		83	 	
			21 2		
	_		84 City	armen	FL 85 Zip Code 32750
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes	the above-named coroo	calon submits this statement for the pure	pose of changing its registered
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 propaccept the obligations of, Section 607.0505, Florida Statutes.					
$I = \frac{1}{2} $					
SIGNATURE	Character, typed or prairied name or registered again at		KE HIN L begistered Agent signature required	JOEG E	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	OWNER	☐ DELETE		resident.	Change Addition
NAME	carole A Doege.		12 NAME COL	mle A Doege.	- , ,
STREET ADDRESS	Y N		1.3 STREET ADDRESS 3.5		
CITY-ST-ZIP	Lenywood, FL	3a 45 0	1.5 STILLET PERILESS	namood, FL 3275	50
TITLE	3,40000	DELETE	1.4 CITY-ST-ZIP	ngwow, PC SAIL	Change Addition
NAME					
			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		i
STREET ADDRESS		i	4.3 STREET ADDRESS		ł
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		ļ
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY+ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

Signature: Caucklin Days 3-29-99