

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:48

DOCUMENT # S16264 (1)
1. Corporation Name
SEAFORD, INC.

| | |
|---|---|
| Principal Place of Business 493 WATERBROOK ST MELBOURNE FL 32934 US | Mailing Address 493 WATERBROOK ST MELBOURNE FL 32934 US |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 11/30/1990 | 3a. Date of Last Report 03/25/1994 |
| 4. FEI Number 59-3043318 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

9. Name and Address of Current Registered Agent

**LAHN, GEORGE A
493 WATERBROOK ST
MELBOURNE FL 32934**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83 | |
| 84 City | |

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 of corporation)

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--|---|
| TITLE D | 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME LAHN, GEORGE A | 12 NAME |
| STREET ADDRESS 493 WATERBROOK ST | 13 STREET ADDRESS |
| CITY ST ZIP MELBOURNE FL | 14 CITY ST ZIP |
| TITLE | 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 22 NAME |
| STREET ADDRESS | 23 STREET ADDRESS |
| CITY ST ZIP | 24 CITY ST ZIP |
| TITLE | 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 32 NAME |
| STREET ADDRESS | 33 STREET ADDRESS |
| CITY ST ZIP | 34 CITY ST ZIP |
| TITLE | 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 42 NAME |
| STREET ADDRESS | 43 STREET ADDRESS |
| CITY ST ZIP | 44 CITY ST ZIP |
| TITLE | 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 52 NAME |
| STREET ADDRESS | 53 STREET ADDRESS |
| CITY ST ZIP | 54 CITY ST ZIP |
| TITLE | 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 62 NAME |
| STREET ADDRESS | 63 STREET ADDRESS |
| CITY ST ZIP | 64 CITY ST ZIP |

| |
|---|
| 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME |
| 13 STREET ADDRESS |
| 14 CITY ST ZIP |
| 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME |
| 23 STREET ADDRESS |
| 24 CITY ST ZIP |
| 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME |
| 33 STREET ADDRESS |
| 34 CITY ST ZIP |
| 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME |
| 43 STREET ADDRESS |
| 44 CITY ST ZIP |
| 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME |
| 53 STREET ADDRESS |
| 54 CITY ST ZIP |
| 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME |
| 63 STREET ADDRESS |
| 64 CITY ST ZIP |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: George A. Lahn **GEORGE A. LAHN** 4-2-95 407-952-9902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR