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

APPROVED AND FILED

95 APR -7 AM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S75232 (6)

1. Corporation Name
SEYMOUR PROPERTIES, INC.

Principal Place of Business
~~39030 HEATH DR~~
ZEPHYRHILLS FL 33540-6493

Mailing Address
~~39030 HEATH DR~~
ZEPHYRHILLS FL 33540-6493

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1991
3a. Date of Last Report: 04/13/1994

21 2. Principal Place of Business: 39554 Rossmoor Ave
22 Suite, Apt. #, etc: Zyp
23 City & State: Zephyrhills Florida
24 Zip: 33540
25 County: Pasco

26 2a. Mailing Address: P O Box 1092
27 Suite, Apt. #, etc:
28 City & State: Zephyrhills FL.
29 Zip: 33539
30 County: Pasco

4. FEI Number: 59-3083721 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SEYMOUR, JOAN V.
~~39030 HEATH DR.~~
ZEPHYRHILLS FL 33540

10. Name and Address of New Registered Agent

81 Name: Seymour Joan V
82 Street Address (P.O. Box Number is Not Acceptable): 39554 Rossmoor Ave
83
84 City: Zephyrhills FL 85 Zip Code: 33540

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP SEYMOUR, STEVEN ~~39030 HEATH DR.~~ ZEPHYRHILLS FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☑ Change ☐ Addition VP Seymour Steve 39554 Rossmoor Ave Zephyrhills Fl 33540
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D SEYMOUR, MARK 1925 W. FORREST AVE. 1925 W. FORREST AVE.	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PS SEYMOUR, JOAN ~~39030 HEATH DR.~~ ZEPHYRHILLS FL	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☑ Change ☐ Addition P. S Joan V. Seymour 39554 Rossmoor ave Zephyrhills Fl. 33540
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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)(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: Joan V. Seymour PS
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
Joan V. Seymour

4-3-95
Date

0480027 FP