FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S75232** **(6)**

1. Corporation Name
SEYMOUR PROPERTIES, INC.

Principal Place of Business	Mailing Address
39554 PERSIMMON AVE ZEPHYRHILLS FL 33540-6493 US	P O BOX 1082 ZEPHYRHILLS FL 33539 US

3. Date Incorporated or Qualified: 08/21/1991
3a. Date of Last Report: 04/07/1995

2. Principal Place of Business	2a. Mailing Address
21 39641 Persimmon Ave	26 PO Box 1082
22 Suite, Apt. #, etc. Zephyrhills	27 Suite, Apt. #, etc. Zephyrhills Fl
23 City & State Fl.	28 City & State Fl
24 Zip 33540 25 Country USA	29 Zip 33539 30 Country USA

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.
39554 PERSIMMON AVE 39641 Persimmon Ave
ZEPHYRHILLS FL 33540

10. Name and Address of New Registered Agent

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Joan V Seymour 11-15-96
Signature of an officer or director of the corporation or the receiver or trustee empowered to execute this report. (Only Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SEYMOUR, STEVEN 39554 PERSIMMON AVE ZEPHYRHILLS FL ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 39641 Persimmon Ave
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SEYMOUR, MARK 1925 W. FORREST AVE. 1925 W. FORREST AVE. ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS SEYMOUR, JOAN 39554 PERSIMMON AVE ZEPHYRHILLS FL ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition 39641 Persimmon Ave
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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 Joan V Seymour 1-15-96 8137284976
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #