

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S75232 (6)
1. Corporation Name
SEYMOUR PROPERTIES, INC.



Principal Place of Business 39641 PERSIMMON AVENUE ZEPHYRHILLS FL 33540 US	Mailing Address P.O. BOX 1082 ZEPHYRHILLS FL 33539-1082 US
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3. Date Incorporated or Qualified 08/21/1991	3a. Date of Last Report 01/26/1996
4. FEI Number 59-3083721	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 checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**SEYMOUR, JOAN V.
39641 PERSIMMON AVENUE
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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, type 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 VP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SEYMOUR, STEVEN		1.2 NAME	
STREET ADDRESS 39641 PERSIMMON AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP ZEPHYRHILLS FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SEYMOUR, MARK		2.2 NAME	
STREET ADDRESS 1925 W. FORREST AVE.		2.3 STREET ADDRESS 39641 Persimmon Ave.	
CITY-ST-ZIP 1925 W. FORREST AVE.		2.4 CITY-ST-ZIP Zephyrhills FL 33540	
TITLE PS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SEYMOUR, JOAN		3.2 NAME	
STREET ADDRESS 39641 PERSIMMON AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP ZEPHYRHILLS FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Joan Seymour*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-97 813 788-4976
Date Daytime Phone #

CR2E034 (9/96)