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FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
39841 PERSIMMON AVENUE P.O. BOX 1082
ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33539
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	08/21/1991
4. FEI Number	59-3083721
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 owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 18328 Cypress Stand Cir	26 18328 Cypress Stand Cir.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Tampa FL	27 Tampa FL
City & State	City & State
23 33647	28 33647
Zip	Zip
Country	Country
24	25
29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SEYMOUR, JOAN V. 39841 PERSIMMON AVENUE ZEPHYRHILLS FL 33540	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

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 Joan Seymour PS Joan Seymour PS (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE VP NAME SEYMOUR, STEVEN STREET ADDRESS 39841 PERSIMMON AVENUE CITY-ST-ZIP ZEPHYRHILLS FL	1.1 TITLE VP 1.2 NAME Seymour, Steven 1.3 STREET ADDRESS 18328 Cypress Stand Circle 1.4 CITY-ST-ZIP Tampa Florida 33647
TITLE D NAME SEYMOUR, MARK STREET ADDRESS 39841 PERSIMMON AVE CITY-ST-ZIP ZEPHYRHILLS FL	2.1 TITLE D. 2.2 NAME Seymour, Mark 2.3 STREET ADDRESS 18328 Cypress Stand Circle 2.4 CITY-ST-ZIP Tampa, Florida 33647
TITLE PS NAME SEYMOUR, JOAN STREET ADDRESS 39841 PERSIMMON AVENUE CITY-ST-ZIP ZEPHYRHILLS FL	3.1 TITLE PS 3.2 NAME Seymour, Joan 3.3 STREET ADDRESS 18328 Cypress Stand Circle 3.4 CITY-ST-ZIP Tampa, Florida 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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 PS Joan Seymour PS 4-21-98 013 017-816-1

CP2E034 (10/97)