

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # S86832 (0)

1. Corporation Name

SEABROOK HOMES ENTERPRISES, INC.

Principal Place of Business

200 W FORSYTH STREET
SUITE 1600
JACKSONVILLE FL 32202

Mailing Address

200 W FORSYTH STREET
SUITE 1600
JACKSONVILLE FL 32202

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

29

9. Name and Address of Current Registered Agent

30

HOUSTON, CLARENCE H JR
200 W FORSYTH STREET
SUITE 1600
JACKSONVILLE FL 32202

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 of the person who is changing the registered office or agent

(NOTE: Registered Agent signature is required)

DATE

12

OFFICERS AND DIRECTORS

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

1. TITLE

NAME

2. NAME

STREET ADDRESS

3. STREET ADDRESS

CITY, ST, ZIP

4. CITY, ST, ZIP

1. TITLE

2. NAME

NAME

2. NAME

STREET ADDRESS

3. STREET ADDRESS

CITY, ST, ZIP

4. CITY, ST, ZIP

1. TITLE

3. NAME

NAME

3. NAME

STREET ADDRESS

3. STREET ADDRESS

CITY, ST, ZIP

4. CITY, ST, ZIP

1. TITLE

4. NAME

NAME

4. NAME

STREET ADDRESS

4. STREET ADDRESS

CITY, ST, ZIP

5. CITY, ST, ZIP

1. TITLE

5. NAME

NAME

5. NAME

STREET ADDRESS

5. STREET ADDRESS

CITY, ST, ZIP

6. CITY, ST, ZIP

1. TITLE

6. NAME

NAME

6. NAME

STREET ADDRESS

6. STREET ADDRESS

CITY, ST, ZIP

7. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Chapter 607, Florida Statutes

CR2E034 (12/95)