

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

FILED

Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V15029** (4)

1. Corporation Name
J. SEAGO, INC.

Principal Place of Business
**RT 3 BOX 139
GREENVILLE FL 32331**

Mailing Address
**ROUTE 3, BOX 139
GREENVILLE FL 32331
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 RT 3 Box 139 Greenville FL Suite, Apt. #, etc. N/A 22 City & State GREENVILLE FL 23 Zip 32331 Country MADISON		2a. Mailing Address 26 Same AS Mailing Business Suite, Apt. #, etc. N/A 27 City & State GREENVILLE FL 28 Zip 32331 Country MADISON		3. Date Incorporated or Qualified 02/17/1992	
2. Principal Place of Business 21 RT 3 Box 139 Greenville FL Suite, Apt. #, etc. N/A 22 City & State GREENVILLE FL 23 Zip 32331 Country MADISON		2a. Mailing Address 26 Same AS Mailing Business Suite, Apt. #, etc. N/A 27 City & State GREENVILLE FL 28 Zip 32331 Country MADISON		4. FEI Number 59-3117225 Applied For <input type="checkbox"/> Not Applicable	
2. Principal Place of Business 21 RT 3 Box 139 Greenville FL Suite, Apt. #, etc. N/A 22 City & State GREENVILLE FL 23 Zip 32331 Country MADISON		2a. Mailing Address 26 Same AS Mailing Business Suite, Apt. #, etc. N/A 27 City & State GREENVILLE FL 28 Zip 32331 Country MADISON		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business 21 RT 3 Box 139 Greenville FL Suite, Apt. #, etc. N/A 22 City & State GREENVILLE FL 23 Zip 32331 Country MADISON		2a. Mailing Address 26 Same AS Mailing Business Suite, Apt. #, etc. N/A 27 City & State GREENVILLE FL 28 Zip 32331 Country MADISON		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business 21 RT 3 Box 139 Greenville FL Suite, Apt. #, etc. N/A 22 City & State GREENVILLE FL 23 Zip 32331 Country MADISON		2a. Mailing Address 26 Same AS Mailing Business Suite, Apt. #, etc. N/A 27 City & State GREENVILLE FL 28 Zip 32331 Country MADISON		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SEAGO, JACK O. RT 3 BOX 139 GREENVILLE, FL 32331				10. Name and Address of New Registered Agent 81 Name NONE 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, typed 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 NAME STREET ADDRESS CITY-ST-ZIP	P SEAGO, JACK O. RT 3 BOX 139 GREENVILLE FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SEAGO, ROBERTA C. RT 3 BOX 139 GREENVILLE FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Jack Seago

Jack Seago

4-18-98

850 929-4530

CR2E034 (10/97)