FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 8:55

DOCUMENT # **V70514** **(7)**

1. Corporation Name
SEBCOLL, INC.

Principal Place of Business	Mailing Address
299 EAST HIGHWAY 98 DESTIN FL 32541	299 EAST HIGHWAY 98 DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/13/1992**
3a. Date of Last Report: **08/01/1994**

2. Principal Place of Business — 21: SAME
2a. Mailing Address — 26: SAME
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip / Country — 24 / 25 / 29 / 30

4. FEI Number: **59-3147751** ☐ 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

DRISCOLL, DONALD R.
1781 EMERALD LANE
FORT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name: MATTHEW TRAHAN
82 Street Address (P.O. Box Number is Not Acceptable):
83: 433 CALHOUN AVE.
84 City: DESTIN FL 85 Zip Code: 32541

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: TRAHAN, MATTHEW — M. Trahan — 4/29/95
Signature, typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	T/S/D ☐ Change ☒ Addition
NAME	SEBRANEK, THOMAS G.	12 NAME	TRAHAN, MATTHEW
STREET ADDRESS	124 NEWCASTLE CIRCLE	13 STREET ADDRESS	433 CALHOUN AVE
CITY-ST-ZIP	FORT WALTON BCH FL	14 CITY-ST-ZIP	DESTIN, FL. 32541
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DRISCOLL, DONALD R.	22 NAME	
STREET ADDRESS	1781 EMERALD LANE	23 STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BCH FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: — 4/29/95 — (904) 654-4418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0470515 FP