

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000005804

**Entity Name:** SEYCO CONSTRUCTION CO.

**Current Principal Place of Business:**

300 WILSHIRE BLVD.  
SUITE 205  
CASSELBERRY, FL 32707

**FILED**  
**Mar 03, 2018**  
**Secretary of State**  
**CC3991544812**

**Current Mailing Address:**

300 WILSHIRE BLVD.  
SUITE 205  
CASSELBERRY, FL 32707 US

**FEI Number: 20-4115800**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SEYLER, JEFFREY PMR  
300 WILSHIRE BLVD.  
SUITE 205  
CASSELBERRY, FL 32707 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name SEYLER, LORNA MRS.  
Address 300 WILSHIRE BLVD., SUITE 205  
City-State-Zip: CASSELBERRY FL 32707

Title STD  
Name SEYLER, JEFFREY PMR  
Address 300 WILSHIRE BLVD., SUITE 205  
City-State-Zip: CASSELBERRY FL 32707

Title STD  
Name SEYLER, JEFFREY PMR  
Address 300 WILSHIRE BLVD., SUITE 205  
City-State-Zip: CASSELBERRY FL 32707

Title STD  
Name SEYLER, JEFFREY PMR  
Address 300 WILSHIRE BLVD., SUITE 205  
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Title STD  
Name SEYLER, JEFFREY PMR  
Address 300 WILSHIRE BLVD., SUITE 205  
City-State-Zip: CASSELBERRY FL 32707

Title STD  
Name SEYLER, JEFFREY PMR  
Address 300 WILSHIRE BLVD., SUITE 205  
City-State-Zip: CASSELBERRY FL 32707

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JEFFREY P SEYLER**

**VICE PRESIDENT**

**03/03/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date