SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **P95000060920 (2)**

1. Corporation Name

ABUNDANT BLESSINGS, INC.

Principal Place of Business
616 24TH STREET NORTH
ST. PETERSBURG FL 33713

Mailing Address
616 24TH STREET NORTH
ST. PETERSBURG FL 33713

3. Date Incorporated or Qualified: **07/27/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 7700 43RD ST. N
Suite, Apt #, etc.
22
City & State
23 Pinellas Park, FL
Zip 24 33781
Country 25 U.S.A.

2a. Mailing Address
26 7700 43RD ST. N
Suite, Apt #, etc.
27
City & State
28 Pinellas Park, FL
Zip 29 33781
Country 30 U.S.A

4. FEI Number: ☑ 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

PAUN, ROBERT
616 24TH STREET NORTH
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81 Name: ROBERT PAUN
82 Street Address (P.O. Box Number is Not Acceptable): 7700 43RD STREET N.
83
84 City: Pinellas Park FL 85 Zip Code: 33781

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: ROBERT PAUN, PRESIDENT — Signature (Specify if provided name of registered agent and title if applicable) — R W Paun (NOTE: Registered Agent signature required when name is added) — July 9, 1996 (DATE)

12. OFFICERS AND DIRECTORS

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☐ Change ☑ Addition
1.2 NAME	ROBERT W. PAUN	
1.3 STREET ADDRESS	7700 43RD ST. N	
1.4 CITY-ST-ZIP	Pinellas Park, FL. 33781	
2.1 TITLE	S/T	☐ Change ☑ Addition
2.2 NAME	Ellen PAUN	
2.3 STREET ADDRESS	7700 43RD ST. N	
2.4 CITY-ST-ZIP	Pinellas Park, FL. 33781	
3.1 TITLE	D	☐ Change ☑ Addition
3.2 NAME	MARK PAUN	
3.3 STREET ADDRESS	7700 43RD ST. N	
3.4 CITY-ST-ZIP	Pinellas Park, FL, 33781	
4.1 TITLE	D	☐ Change ☑ Addition
4.2 NAME	JENNIFER PAUN	
4.3 STREET ADDRESS	7700 43RD ST. N	
4.4 CITY-ST-ZIP	Pinellas Park, FL 33781	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R W Paun — ROBERT W. PAUN — July 9, 1996 — 813-547-5547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #