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

## **FILED** Feb 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 536402 (1)ABBOTT REALTY SERVICES, INC. Principal Place of Business Mailing Address 35000 EMERAL COAST PARKWAY 35000 EMERAL COAST PARKWAY P.O.BOX 30 P.O BOX 30 DO NOT WRITE IN THIS SPACE **DESTIN FL 32540-0030 DESTIN FL 32540-0030** US 3. Date Incorporated or Qualified 05/31/1977 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1775514 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 25 Personal Property Tax due June 30. 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent OLIN, JAMES E 81 James S. Olin Street Address (P.O. Box Number is Not Acceptant Name Only) 35000 EMERALD COAST PARKWAY DESTIN FL 32541 83 84 City Zip Code 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered rida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of, Section 607.0505, Florida Statutes. 11. Pursuant to the SIGNATURE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE ABBOTT, STEPHEN J NAME 1.2 NAME CR2E034 3500 EMERAL COAST PARKWAY STREET ADDRESS 1.3 STREET ADDRESS **DESTIN FL** CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change \_\_ Addition TITLE 2.1 TITLE ABBOTT, WILLIAM W. JR NAME 2.2 NAME 35000 EMERAL COAST PARKWAY STREET ADDRESS 2.3 STREET ADDRESS **DESTIN FL** CITY-S1-ZIP 2.4 CITY - ST - ZIP DELFTE TITLE 3.1 TITLE Change ■ Addition VAN DIVER, CHARLES H. II NAME 32 NAME 35000 EMERAL COAST PARKWAY STREET ADDRESS 3.3 STREET ADDRESS **DESTIN FL** CITY - ST- ZIP 3.4. CITY - \$1 - ZIP DELETE Addition Change TITLE 4 1 TITLE VAN DIVER, SUE C. NAME 4.2 NAME 35000 EMERAL COAST PARKWAY STREET ADDRESS 4.3 STREET ADDRESS **DESTIN FL** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE X €hange Addition TITLE 5.1 TITLE OLIN, JAMES E NAME 5.2 NAME Olin, James S. 35000 EMERAL COAST PARKWAY STREET ADDRESS 5.3 STREET ADDRESS 35000 Emerald Coast Parkway **DESTIN FL** CITY-ST-ZIP 54 CITY-ST-ZIP Destin FL TITLE DELETE Change Addition 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an appowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Daylime Phone #

14. Thereby certify that the information supplied with this filing indicated on this annual report or supplemental ayoual report or or director of the corporation or the receiver or trust.

Block 12 or Block 13 if cha

SIGNATURE: