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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

(941)665-1601

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 262819

(6)

ABC REA	ALTY, INC.				
Principal Piace	e of Business	Mailing Address		I INDIAN HACA DIFIR IINDA ININI KALE ADAI A	ilder mader didis dibit mader gebet inde
2925 SANLAN RANCH DRIVE LAKELAND FL 33813 LAKELAND FL 33813-4228			:		
				3. Date Incorporated or Qualified 09/19/1962	3a. Date of Last Report 02/29/1996
2. Principal P	face of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1026451	Not Applicable
Suite, Apt. 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country		Country	Trust Fund Contribution	Added to Fees
Zip	25	- ├ ─┐ ` -	iol	B. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,
24	9. Name and Address of Curren		NO .	10. Name and Address of New Reg	
HOL	LOWAY JR,E E		81 Name		
COOF CAND AND DANCE OPEN			20 21 111		
LAKELAND FL 33813-1228			82 Street Addr	ess (P.O. Box Number is Not Acceptable	e)
	LD44D E 00010-1EE0		83		
			84 City		FL 85 Zip Code
office or r agent. La SIGNATURE	to the provisions of sections during to the provisions of sections during the State imitamiliar with, and accept the obligations are provided agent to printed name or registered agent.		thorized by the corporation Statutes	poration submits this statement for the price of the pric	the appointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	· .
Tillie	PD	DELETE	1.1 TITLE		Change Addition
NAME	HOLLOWAY JR,E EDWARD		1.2 NAME		-
STREET ADDRESS	2925 SANLAN RANCH DRIVE		1 3 STREET ADDRESS		
City-SI-Zi [©]	LAKELAND FL		14 CITY-ST-ZIP		Ì
THILE	STD	DELETE	21 TITLE		Change Addition
NAME	HOLLOWAY,MARY ANN		2.2 NAME		
STHEET ADDRESS	2925 SANLAN RANCH DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP		
HILE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TROIANO,D.A.		3,2 NAME		
STREET ADDRESS	317 SOUTH TENNESSEE AVE		3.3 STREET ADDRESS		
CITY-ST 2IP	LAKELAND FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T access	4.4 CITY-ST-ZIP		[] Db
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
City-St-7iP		DELETE	5.4 CiTY-ST-ZiP		☐ Change ☐ Addition
TITLE		☐ Defeir	6.1 TITLE		in cuande in voorigas
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do 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:

SIGNATURE REQUIRED & Thrond Arthury J. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR E. Edward Holloway, Out. J.