

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

FILED

Mar 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 536402

(1)

1. Corporation Name

ABBOTT REALTY SERVICES, INC.

Principal Place of Business

35000 EMERAL COAST PARKWAY  
P.O. BOX 30  
DESTIN FL 32540-0030  
US

Mailing Address

35000 EMERAL COAST PARKWAY  
P.O. BOX 30  
DESTIN FL 32540-0030  
US

3. Date Incorporated or Qualified

05/31/1977

3a. Date of Last Report

02/01/1996

4. FEI Number

59-1775514

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

ABBOTT, STEPHEN J.  
35000 EMERAL COAST PARKWAY  
FT. WALTON BCH. FL 32548

10. Name and Address of New Registered Agent

81 Name

Olin, James S.

82 Street Address (P.O. Box Number is Not Acceptable)

35000 Emerald Coast Parkway

83

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

*James S. Olin*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ABBOTT, STEPHEN J	
STREET ADDRESS	35000 EMERAL COAST PARKWAY	
CITY-ST-ZIP	DESTIN FL	
TITLE	COB	<input type="checkbox"/> DELETE
NAME	ABBOTT, WILLIAM W. JR	
STREET ADDRESS	35000 EMERAL COAST PARKWAY	
CITY-ST-ZIP	DESTIN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VAN DIVER, CHARLES H. II	
STREET ADDRESS	35000 EMERAL COAST PARKWAY	
CITY-ST-ZIP	DESTIN FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	VAN DIVER, SUE C.	
STREET ADDRESS	35000 EMERAL COAST PARKWAY	
CITY-ST-ZIP	DESTIN FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	OLIN, JAMES E	
STREET ADDRESS	35000 EMERAL COAST PARKWAY	
CITY-ST-ZIP	DESTIN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	COB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

*James S. Olin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)