

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90152 003 \*1,050.00

DOCUMENT # 536402

1. Corporation Name  
ABBOTT REALTY SERVICES, INC.

Principal Place of Business  
35000 EMERALD COAST PARKWAY  
P.O. BOX 30  
DESTIN FL 32540-0030  
US

Mailing Address  
35000 EMERALD COAST PARKWAY  
P.O. BOX 30  
DESTIN FL 32540-0030  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1977

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

OLIN, JAMES S  
35000 EMERALD COAST PARKWAY  
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE COB ☒ DELETE  
NAME ABBOTT, STEPHEN J  
STREET ADDRESS 35000 EMERALD COAST PARKWAY  
CITY-ST-ZIP DESTIN FL

TITLE VD ☒ DELETE  
NAME ABBOTT, WILLIAM W. JR  
STREET ADDRESS 35000 EMERALD COAST PARKWAY  
CITY-ST-ZIP DESTIN FL

TITLE VD ☒ DELETE  
NAME VAN DIVER, CHARLES H. II  
STREET ADDRESS 35000 EMERALD COAST PARKWAY  
CITY-ST-ZIP DESTIN FL

TITLE STD ☐ DELETE  
NAME VAN DIVER, SUE C.  
STREET ADDRESS 35000 EMERALD COAST PARKWAY  
CITY-ST-ZIP DESTIN FL

TITLE P ☐ DELETE  
NAME OLIN, JAMES S  
STREET ADDRESS 35000 EMERALD COAST PARKWAY  
CITY-ST-ZIP DESTIN FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chief Executive Officer ☒ Change ☐ Addition  
1.2 NAME David L. Levine  
1.3 STREET ADDRESS 35000 Emerald Coast Parkway  
1.4 CITY-ST-ZIP Destin, FL 32541

2.1 TITLE Sr. Vice Pres. & CFO ☒ Change ☐ Addition  
2.2 NAME Jeffery M. Jarvis  
2.3 STREET ADDRESS 35000 Emerald Coast Parkway  
2.4 CITY-ST-ZIP Destin, FL 32541

3.1 TITLE Sr. Vice Pres. & Sec. ☒ Change ☐ Addition  
3.2 NAME John K. Lines  
3.3 STREET ADDRESS 35000 Emerald Coast Parkway  
3.4 CITY-ST-ZIP Destin, FL 32541

4.1 TITLE Vice Pres. & Controller ☒ Change ☐ Addition  
4.2 NAME Mark C. Aldy  
4.3 STREET ADDRESS 35000 Emerald Coast Parkway  
4.4 CITY-ST-ZIP Destin, FL 32541

5.1 TITLE Vice Pres. & Asst. Sec. ☒ Change ☐ Addition  
5.2 NAME Kelley Buechler  
5.3 STREET ADDRESS 35000 Emerald Coast Parkway  
5.4 CITY-ST-ZIP Destin, FL 32541

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0533433