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

Mailing Address

1946 KINGSLEY AVE. ORANGE PARK FL 32073

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H84442

1. Corporation Name

Principal Place of Business

1946 KINGSLEY AVE.

ORANGE PARK FL 32073

ABBS INVESTMENTS, INC.

UNANGE FANK	12 32073	CHANGE I AIN 1 E SEGIO				DO NOT WRITE IN THIS SPACE				
		<u> </u>				3,-Date Incorporated or Qualifed -				}-
						10/31/1985				
Principal Place of Business 2a. Mailing Address						4. FEI Number		Ap	plied For	
26						NOT APPLICABLE			t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75 A		
27						5. Certificate of Status Desired		Fee Re	quired	-
City & State City & State						6. Election Campaign Financing		\$5.00	May Be	
28						Trust Fund Contribution		Added t	o Fees	1
Zip	Country	Zip	Cou	untry		8. This corporation owes the current	nt year Inta		_	
4	25 29		30			Personal Property Tax.		Yes	□No	_
	9. Name and Address of Curre	nt Registered Agent		Ļ,		10. Name and Address of New Re	gistered /	Agent		4
				81	Name					1
ALTMAN, ELMER L. JR.				82	Street Add	ress (P.O. Box Number is Not Acceptab	le)			1
1065	BIRCHWOOD DRIVE		or office			1000 (1.10. 2011 10.112) 10 1101 1101				
ORA	NGE PARK FL 32065			83						
								85 Zip (- Codo	-
				84	City		FL	85 Zip 0	-oue	
14 Pursuant	to the provisions of Sections 607 05	02 and 607 1508. Florida Statu	ites, the a	bove	a-named con	poration submits this statement for the p	urpose of	changing its	registered	1
office or a	registered agent, or both, in the State im familiar with, and accept the oblig	s of Florida. Such change was	authorized	יסח ד	the comorat	ion's board of directors. I hereby accept	the appoir	ntment as re	gistered	ł
SIGNATURE							DATE			ļ
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				egistered Agent signature require		ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12	┨
12.	DEFICERS A	DELETE	_	13. 1.1 TITLE		ADDITIONS/GHANGES TO GIT	OLNO AIT	Change	Addition	1
TITLE	·		1.2 N						_	
NAME	ALTMAN, ELMER L. JR.									
STREET ADDRESS	l .				ADDRESS					
CITY-ST-ZIP	ORANGE PARK FL		_	ITY-S1	T-ZIP			Change	Addition	-
TITLE	VP	☐ DELETE	2.1 ∏					Change		
NAME	ALTMAN, REBECCA W.		2.2 N	AME						
STREET ADDRESS	1065 BIRCHWOOD DRIVE		2.3 S	TREET	TADDRESS					
CITY-ST-ZIP	ORANGE PARK FL		2.40	ITY-S	T-ZIP					4
TITLE	S	☐ DELETE	3.1 TI	TLE		•		Change	☐ Addition	
NAME	HENDRIX, WILLIAM D.		3.2 N	AME						
STREET ADDRESS	1065 BIRCHWOOD DRIVE		3.3 S	TREET	T ADDRESS	The state of the s			,	1
CITY-ST-ZIP	ORANGE PARK FL		3.4. 0	ITY-S	ST-ZIP	The state of the s				_
TITLE	T	☐ DELETE	4.1 T	TLE				Change	☐ Addition	
NAME	HENDRIX, G. SCOTT		4.21	AME		• 1•1. •				
STREET ADDRESS	1065 BIRCHWOOD DR.		4.3 \$	TREET	TADDRESS			7		
CITY-ST-ZIP	ORANGE PARK FL		4.40	:ГY-\$	T- ZIP					_
TITLE		☐ DELETE	5.1 T	ITLE				Change	Addition	1
NAME			52 N	AME						
STREET ADDRESS			5.3 S	TREET	TADDRESS		设置法	di Najara	P 1	-
CITY-ST-ZIP			5.4 C	ITY-\$	T-ZIP			337 14 4	1 6 97 147	
TITLE		☐ DELETE	6.1 T	ITLE				Change	☐ Addition	1
NAME			6.2 N	AME						
STREET ADDRESS			6.3 S	TREE	T ADDRESS					1
CITY-ST-ZIP			6.4 0	:ΠY-\$	T-ZIP					
GHY-SI-ZIP	1		• • • • •							_

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 chartest, or on an attachment with an officers, with all other like empowered.

SIGNATURE:

FILED

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90128 034 ***150.00