FILE NOW: FILING FEE AFTER MAY 1ST IS $[redacted]0.00

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. M[redacted]m
Secretary of
DIVISION OF CORP[redacted]ATIONS

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # **H92231** **(0)**

1. Corporation Name
ABBOTT CITRUS LADDERS, INC.

Principal Place of Business
ROUTE 1 BOX 160-C
BOWLING GREEN FL 33834

Mailing Address
ROUTE 1, BOX 160-C
BOWLING GREEN FL 33834

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 4060 SR 62
Street Address, Apt. #, etc.
22
City & State
23
Zip | 24 | County | 25

2a. Mailing Address
26 4060 SR 62
Street Address, Apt. #, etc.
27
City & State
28
Zip | 29 | County | 30

3. Date Incorporated or Qualified
12/31/1985

4. FEI Number
59-2637543
[ ] 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 or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [ ] No

9. Name and Address of Current Registered Agent
ABBOTT, ROBERT C
ROUTE 1, BOX 160-C
BOWLING GREEN FL 33834

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4060 SR 62
83
84 City **FL** | 85 | Zip Code

11. Pursuant to the provisions of Sec. [redacted] 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered [redacted] 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 [redacted] DATE

12. OFFICER(S) AND DIRECTOR(S)

31 TITLE	PS	[ ] DELETE
32 NAME	ABBOTT, ROBERT C	
33 STREET ADDRESS	ROUTE 1, BOX 160-C	
34 CITY-ST-ZIP	BOWLING GREEN FL 33834	
41 TITLE		[ ] DELETE
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] DELETE
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] DELETE
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '97

11 TITLE	~~S~~	[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS	4060 SR 62	
14 CITY-ST-ZIP		
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 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 report or supplemental requirement 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, added or deleted.

SIGNATURE [redacted] DATE 9[redacted]

H92231