SIGNATURE:

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (0)**DOCUMENT #** JOHN G. ABBOTT, JR., P.A. Marling Address Principal Place of Business P.O. BOX 552 83266 U.S. HWY, 1 ISLAMORADA FL 33036 HS ISLAMORADA FL 33036 3a. Date of Last Report 3. Date Incorporated or Qualified US 04/11/1995 12/06/1989 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0161659 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Suite Apt. #. etc. Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State  $\Box$ Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country Yes No Flooda Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) ABBOTT, JOHN G. JR 82 121 BAYVIEW DR 83 ISLAMORADA FL 33036 Zip Code 85 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and apoint the obligations of, Seption 607,0505, Florida Statutes. ADV17, 1994 SIGNATURE Residend April Scholing CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELF.TE 1.1111.6 ABBOTT, JOHN G. JR 1.2 NAME NAME 121 BAYVIEW ISLE DR 1.3 STREET ADDRESS STREET ADDRESS ISLAMORADA FL 1.4 CITY - S7 - 719 CITY - ST - ZIP Addition Change DELETE 2.1 THE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - S\* - 7IP CITY - ST - ZIP Addition ☐ Change DELETE 3 1 TH . F TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - 7IP CITY-S1-ZP Change C Addition DELETE 4.1 UEF THILE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - 7.P CITY-ST-ZIP Change Addit on DELETE 5 1 lille TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY ST- 2(P CITY-ST-ZIP Change Addition 6 1 THLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY S1-70F 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; that I am an officer or director of the corporation on the receiver or trusted empowered to execute this report as required by Chapter 807. Florida Statutes, and that my name appears in Block 12 or Block 16 if changed, or on an attachment with an address GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASSOTT SIR April 76 664-2562