# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 01 PM 2:34

DOCUMENT # **L63094** **(1)**

1. Corporation Name
**A & B VILLAS LTD., INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 921 N. MAIN<br>SUITE 203<br>KISSIMMEE FL 34744 | 921 N. MAIN<br>SUITE 203<br>KISSIMMEE FL 34744 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/02/1990**
3a. Date of Last Report: **04/29/1994**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 **717 East Oak Street** | 26 **717 East Oak Street** |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 **Kissimmee, FL** | 28 **Kissimmee, FL** |
| 24 Zip **34744** 25 Country | 29 Zip **34744** 30 Country |

4. FEI Number: **59-3006435** ☐ 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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| SWART, HARRY J CPA<br>~~921 NORTH MAIN~~<br>~~SUITE 203~~<br>KISSIMMEE FL 34744 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable) **717 East Oak Street**<br>83<br>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: (Registered Agent's printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when mandatory) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP | 11 TITLE | ☐ Change ☐ Addition |
| NAME | JOHNSTON, BRIAN J. | 12 NAME | |
| STREET ADDRESS | 1115 NICKI RIDGE CT | 13 STREET ADDRESS | |
| CITY ST ZIP | KISSIMMEE FL | 14 CITY ST ZIP | |
| TITLE | DVT | 21 TITLE | ☐ Change ☐ Addition |
| NAME | JOHNSTON, ANGELA Y. | 22 NAME | |
| STREET ADDRESS | 1115 NICKI RIDGE CT | 23 STREET ADDRESS | |
| CITY ST ZIP | KISSIMMEE FL | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

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)(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 added on an attachment with an address.

**SIGNATURE:** Brian J Johnston 5-22-95 (407) 396-4071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0376123 CP