

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P33217

(1)

1. Corporation Name

ABACO TREASURE LIMITED, INC.

Principal Place of Business

2260 N. US 1
FT. PIERCE FL 34946
US

Mailing Address

2260 N. US 1
FT. PIERCE FL 34946
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

JACOBS, DARYL
2260 N. US 1
FT. PIERCE FL 34946

3. Date Incorporated or Qualified

03/20/1991

3a. Date of Last Report

04/07/1995

4. FEI Number

65-0246309

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

10. Name and Address of New Registered Agent

81 Name

JEFF W. LUTHER

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

2260 NORTH US1

83

FORT PIERCE, FL 34946

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

Jeff W. Luther

JEFF W. LUTHER - GENERAL MANAGER

04/04/96

Signature typed and printed name of registered agent and Director, if applicable

NOTE: Registered Agent signature is required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

SCOTT, DANNY

STREET ADDRESS

1901 S. INDIAN RIVER DR.

CITY - ST - ZIP

FT. PIERCE FL

TITLE

VD

☐ DELETE

NAME

LUTHER, JOHN M.

STREET ADDRESS

1626 90TH AVE.

CITY - ST - ZIP

VERO BCH. FL

TITLE

STD

☐ DELETE

NAME

NELSON, GREG

STREET ADDRESS

1900 OLD DIXIE HWY.

CITY - ST - ZIP

FT. PIERCE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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 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.

SIGNATURE:

Greg P. Nelson

GREG P. NELSON/SECR/TREAS./DIRECTOR

04/04/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-466-6333

CR2E034 (12/95)