

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

FILED

Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000045278 (7)

1. Corporation Name

A ABACUS MR. AUTO INSURANCE OF JUPITER/TEQUESTA, INC.

Principal Place of Business

660 N. HWY. ONE  
TEQUESTA FL 33469

Mailing Address

PO BOX 4500  
TEQUESTA FL 33469-9500  
US



3. Date Incorporated or Qualified

06/21/1993

3a. Date of Last Report

08/20/1996

4. FEI Number

65-0428028

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

2. Principal Place of Business

21 6608 NORTH U.S. #1

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

TEQUESTA, FL

28 City & State

29

24 Zip

33469

25 Country

PALESTINE

29 Zip

30

Country

30

9. Name and Address of Current Registered Agent

GARRETTSON, T. P.  
660 N US HWY 1  
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

81 Name

T. P. GARRETTSON

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

18223 LAKE BEND R

83

84 City

JUPITER

FL

85 Zip Code

33469

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:

*[Signature]*  
Signature: typed or printed name of registered agent and title if applicable

TIMOTHY P. GARRETTSON

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME GARRETTSON, THOMAS M.  
STREET ADDRESS 8 WINDING WAY  
CITY-ST-ZIP LOCUST VALLEY NY

TITLE ☐ DELETE

NAME GARRETTSON, TIMOTHY P.  
STREET ADDRESS 660 N US HWY 1  
CITY-ST-ZIP TEQUESTA 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

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

*[Signature]* ☒ Change ☐ Addition

TIMOTHY P. GARRETTSON

18223 LAKE BEND DR.

JUPITER, FL. 33469

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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 changed, or on an attachment with an address.

SIGNATURE:

*[Signature]* TIMOTHY P. GARRETTSON 2/5/97 (561) 243-2656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)