

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90152 003 \*1,050.00

**DOCUMENT # P94000015087**

1. Corporation Name  
**ABBOTT & ANDREWS REALTY, INC.**

Principal Place of Business  
**35000 EMERALD COAST PARKWAY  
DESTIN FL 32541  
US**

Mailing Address  
**P.O. BOX 30  
DESTIN FL 32540  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/21/1994**

4. FEI Number

**59-3229420**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

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

10. Name and Address of New Registered Agent

**OLIN, JAMES S.  
35000 EMERALD COAST PARKWAY  
DESTIN FL 32541**

81 Name

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

83

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ANDREWS, ANGUS G. JR.</b>	
STREET ADDRESS	<b>35000 EMERALD COAST PARKWAY</b>	
CITY-ST-ZIP	<b>DESTIN FL</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>OLIN, JAMES S.</b>	
STREET ADDRESS	<b>35000 EMERALD COAST PARKWAY</b>	
CITY-ST-ZIP	<b>DESTIN FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ABBOTT, WILLIAM W. JR.</b>	
STREET ADDRESS	<b>35000 EMERALD COAST PARKWAY</b>	
CITY-ST-ZIP	<b>DESTIN FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ABBOTT, STEPHEN J.</b>	
STREET ADDRESS	<b>35000 EMERALD COAST PARKWAY</b>	
CITY-ST-ZIP	<b>DESTIN FL</b>	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Chief Executive Officer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>David L. Levine</b>	
1.3 STREET ADDRESS	<b>35000 Emerald Coast Parkway</b>	
1.4 CITY-ST-ZIP	<b>Destin, FL 32541</b>	
2.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>James S. Olin</b>	
2.3 STREET ADDRESS	<b>35000 Emerald Coast Parkway</b>	
2.4 CITY-ST-ZIP	<b>Destin, FL 32541</b>	
3.1 TITLE	<b>Sr.Vice Pres.&amp;CFO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Jeffery M. Jarvis</b>	
3.3 STREET ADDRESS	<b>35000 Emerald Coast Parkway</b>	
3.4 CITY-ST-ZIP	<b>Destin, FL 32541</b>	
4.1 TITLE	<b>Sr.Vice Pres.&amp;Sec.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>John K. Lines</b>	
4.3 STREET ADDRESS	<b>35000 Emerald Coast Parkway</b>	
4.4 CITY-ST-ZIP	<b>Destin, FL 32541</b>	
5.1 TITLE	<b>Vice Pres.&amp;Controller</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Mark C. Aldy</b>	
5.3 STREET ADDRESS	<b>35000 Emerald Coast Parkway</b>	
5.4 CITY-ST-ZIP	<b>Destin, FL 32541</b>	
6.1 TITLE	<b>Vice Pres.&amp;Asst.Sec.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Kelley Buechler</b>	
6.3 STREET ADDRESS	<b>35000 Emerald Coast Parkway</b>	
6.4 CITY-ST-ZIP	<b>Destin, FL 32541</b>	

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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

Date

Daytime Phone #

CR2E034 (11/98)