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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400028072 (4)

THE ABBOTT CO., INC.

Principal Plac	ce of Business	Mailing Address		1001/1804 EIE 49401 01001 09414 00741 00401	T IN OUTSTANK EITE FORTY OF OUTST DOKEN DOKEN DOTTIN FORTO FORTY OUTST 1907 (1007) (1017) 1507	
SOIO MORRIS ST. ST. PETERSBURG FL 33713		3040 MORRIS ST. ST. PETERSBURG FL 33713-2935				
				<ol> <li>Date Incorporated or Qualified 04/07/1994</li> </ol>	3a. Date of Last Report 05/01/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3246483	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability for in Florida Statutes		
<del></del>	9. Name and Address of Curr			10. Name and Address of New Reg	-	
CLARK, BLAIR W 300 31ST STREET NORTH SUITE 101			82 Street	J DANIEL ABBOTT  82 Street Address (P.O. Box Number is Not Acceptable)  3040 Morris Street N.		
<b>S</b> T. (	PETERSBURG FL 33713		84 City	PETERSBURG	FL 85 Zip Code <b>337/3</b>	
I Office of	registered agent, or hoth, in the Ste am familiar with, and accept the ob-	igations of, Section 607.0505,	as authorized by the cor Florida Statutes.	corporation submits this statement for the population's board of directors. I hereby accep	t the appointment as registered	
12.		ND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 THLE	D/P	Change Addition	
NAME	ABBOTT, J D		1.2 NAME			
STREET ADDRESS	DORESS 3040 MORRIS ST.		1.3 STREET ADDRESS	ABBOTT, J. DANIEL BO40 MORRIS STREET	<i>N</i> .	
CITY-ST-ZIP	ST. PETERSBURG FL 33713		1.4 CHY- ST- ZIP	ST, PETERS BURG, FL	337/3	
TITLE		☐ DELFTE	2.1 THLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS		i	
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TOLE		Change Addition	
NAME	1		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP			
TITLE		DELETÉ	4.1 TITLE		Change Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4 4 CITY - ST - ZIP			

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - \$1 - ZIP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELÉTÉ

DELETE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Change

Change

Addition

Addition

**FILED** 

Apr 23 1997 8:00am

Secretary of State