

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 # P94000033812 (6)

1. Corporation Name

SURVIVALING CORPORATION



Principal Place of Business

PO BOX 150025  
CAPE CORAL FL 33915-0025

Mailing Address

PO BOX 150025  
CAPE CORAL FL 33915-0025

3. Date Incorporated or Qualified  
05/04/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 1413 Causey Ct  
Suite, Apt. #, etc.

2a. Mailing Address

26 1413 Causey Ct  
Suite, Apt. #, etc.

4. FEI Number  
65-0490984

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

22 City & State

23 Sanibel, FL

27 City & State

28 Sanibel, FL

24 Zip

25 33957

Country

Lee

29 Zip

30 33957

Country

Lee

9. Name and Address of Current Registered Agent

BARAJAS, CINDY  
1413 CAUSEY CT.  
SANIBEL FL 33957

10. Name and Address of New Registered Agent

81 Name

Don W Abbott

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

1413 Causey Ct

83

84 City

Sanibel

FL

85 Zip Code

33957

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

Don W Abbott DON W. ABBOTT, PRESIDENT

4/24/96

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P  
NAME ABBOTT, DON W  
STREET ADDRESS 1413 CAUSEY CT.  
CITY-ST-ZIP SANIBEL FL 33957

TITLE TS  
NAME BARAJAS, CINDY  
STREET ADDRESS 1413 CAUSEY CT.  
CITY-ST-ZIP SANIBEL FL 33957

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.T.O.  
1.2 NAME Abbott, Don W  
1.3 STREET ADDRESS 1413 Causey Ct  
1.4 CITY-ST-ZIP Sanibel, FL 33957

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

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

Don W Abbott DON W. ABBOTT

4/24/96 941-395-9691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)