

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

1995 JUL 25 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # P94000044009 (6)

1. Corporation Name

ABBEY ART & FRAME, INC.

Principal Place of Business

Mailing Address

**4211 W WATERS AVE
SUITE D
TAMPA FL 33614**

**4211 W WATERS AVE
SUITE D
TAMPA FL 33614**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

06/01/1994

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election of Corporate Financing

☐

**\$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

2a. Mailing Address

21 **4211 W. WATERS AVE**

26 **4211 W. WATERS AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE D**

27 **SUITE D**

City & State

City & State

23 **TAMPA, FL 33614**

28 **TAMPA, FL**

Zip

Country

Zip

Country

24 **33614**

25 **HILLS.**

29 **33614**

30 **HILLS**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ABBEY, JAYE R
4506 BLOOMSBURY CT
TAMPA FL 33624**

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 of corporation)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS OR DIRECTORS (Check ☐ Change ☐ Addition)

TITLE

**PSTD
ABBEY, JAYE R
4506 BLOOMSBURY CT
TAMPA FL 33624**

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

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NAME

STREET ADDRESS

CITY, ST, ZIP

11 TITLE

12 NAME

11 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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)(b), 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 AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

X 7/20/95

813-896-7772