

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

95/MAY-1 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

**DOCUMENT # P94000071603 (2)**

1. Corporation Name

**ABNEY BUILDING IMPROVEMENTS, INC.**

Principal Place of Business

**319 W. UNIVERSITY BLVD  
MELBOURNE FL 32901**

Mailing Address

**POST OFFICE BOX 955  
MELBOURNE FL 32902**

DO NOT WRITE IN THIS SPACE

|                                                                                   |                                |
|-----------------------------------------------------------------------------------|--------------------------------|
| 3. Date Incorporated or Qualified                                                 | 3a. Date of Last Filing        |
| 09/29/1994                                                                        |                                |
| 4. FIC Number                                                                     | Applied For                    |
| 59-3276738                                                                        | 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    |
|                                                                                   |                                |
| 7. Does corporation have liability for intangible tax under 1994 Florida Statutes |                                |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No               |                                |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21. Suite, Apt. # etc.         | 26. Suite, Apt. # etc. |
| 22. City & State               | 27. City & State       |
| 23. Zip                        | 28. Zip                |
| 24. Country                    | 29. Country            |
| 25. State                      | 30. State              |

9. Name and Address of Current Registered Agent

**ABNEY, PATRICK A  
319 W. UNIVERSITY BLVD.  
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

|                                                        |
|--------------------------------------------------------|
| 81. Name                                               |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83. City                                               |
| 84. State                                              |
| 85. Zip                                                |

11. I, the undersigned, being a resident of this State, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by the Florida Statutes, and that the same has been filed with the Secretary of State.

SIGNATURE

Signature of the person filing the report

Signature of the person filing the report

Signature

|                            |                                                                        |                                                     |  |
|----------------------------|------------------------------------------------------------------------|-----------------------------------------------------|--|
| 12. OFFICERS AND DIRECTORS |                                                                        | 13. ADDITIONAL OFFICERS, DIRECTORS AND SHAREHOLDERS |  |
| NAME                       | D<br>ABNEY, PATRICK A<br>319 W. UNIVERSITY BLVD.<br>MELBOURNE FL 32901 | NAME                                                |  |
| ADDRESS                    |                                                                        | ADDRESS                                             |  |
| CITY                       |                                                                        | CITY                                                |  |
| STATE                      |                                                                        | STATE                                               |  |
| ZIP                        |                                                                        | ZIP                                                 |  |
| NAME                       | D<br>ABNEY, MAUREEN S<br>319 W. UNIVERSITY BLVD.<br>MELBOURNE FL 32901 | NAME                                                |  |
| ADDRESS                    |                                                                        | ADDRESS                                             |  |
| CITY                       |                                                                        | CITY                                                |  |
| STATE                      |                                                                        | STATE                                               |  |
| ZIP                        |                                                                        | ZIP                                                 |  |
| NAME                       |                                                                        | NAME                                                |  |
| ADDRESS                    |                                                                        | ADDRESS                                             |  |
| CITY                       |                                                                        | CITY                                                |  |
| STATE                      |                                                                        | STATE                                               |  |
| ZIP                        |                                                                        | ZIP                                                 |  |
| NAME                       |                                                                        | NAME                                                |  |
| ADDRESS                    |                                                                        | ADDRESS                                             |  |
| CITY                       |                                                                        | CITY                                                |  |
| STATE                      |                                                                        | STATE                                               |  |
| ZIP                        |                                                                        | ZIP                                                 |  |
| NAME                       |                                                                        | NAME                                                |  |
| ADDRESS                    |                                                                        | ADDRESS                                             |  |
| CITY                       |                                                                        | CITY                                                |  |
| STATE                      |                                                                        | STATE                                               |  |
| ZIP                        |                                                                        | ZIP                                                 |  |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.02(1)(b) Florida Statutes. If otherwise, that the information is required by the 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 person or persons empowered to make this report as required by Chapter 689, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or is an attachment with an address.

SIGNATURE: *Maureen S. Abney* MAUREEN S. ABNEY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95

407-984-483