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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400071603 (2)

ABNEY BUILDING IMPROVEMENTS, INC.

FILED May 09 1997 8:00am Secretary of State



Principal Place of Business 819 W. UNIVERSITY BLVD. MELBOURNE FL 32901		Mailing Address POST OFFICE BOX 955 MELBOURNE FL 32902-0955							
						3. Date Incorporated or Qualified 09/29/1994	3a. Dat 05/09	e of Last)/1996	Report
<u> </u>	lace of Business	2a. Mailin	g Address			4. FEI Number 59-3270738			Applied For
21	# 242	26 PO K	3203			59-32/0/38			Not Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State	e	27] City &	State	·		6. Election Campaign Financing			
23		<u></u>	28			Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	7(p)		Coun	try	8. This corporation has liability for			
24	25 29		30		Florida Statutes Yes No				
	9. Name and Address of Currer		igent			10. Name and Address of New Ro			
ABNE	EY, PATRICK A			8	Name				
319 \	W. UNIVERSITY BLVD.		82 Street Ad		hdress (P.O. Box Number is Not Acceptable)				
MELE	BOURNE FL 32901				0.000	The state of the s	order (1.0. pox red ribbine red ribbental)		
				Ē	33				
				5	34 City			85 Zi	p Code
				`			FL	05 21	5 0000
office or r agent. I a SIGNATURE	egistered agent, or both, in the State im familiar with, and accept the oblig	o of Florida Suc pations of, Section	h change was a on 607.0505, Flo	uthorized rida Statu	by the corp tes.	corporation submits this statement for the poration's board of directors. I hereby acce	pt the appo	intment s	as registered
40	Signature, typed or printed name of registered agr	The state of the s	lile (NOTE		Agent signature	required when reinstating)	DATE OFFICA AND	DIDEOT	
12.	DEFICERS AN	ID DIRECTORS	DELETE	13.	<i>.</i>	ADDITIONS/CHANGES TO OFFI		Change	
TITLE	ABNEY, PATRICK A		L.J buttie	1.1 1111			L] Unanye	: LI ADOIIION
NAME	319 W. UNIVERSITY BLVD.			1.2 NAN	•				
STREET ADDRESS	MELBOURNE FL 32901			•	FE1 ADDRESS				
CITY-ST-ZIP TITLE	D		DELETE	2.4 NTL	r-ST-ZIP			Change	Addition
NAME	ABNEY, MAUREEN S		оппе	2.P NAM					
STREET ADDRESS	319 W. UNIVERSITY BLVD.				EET ADDRESS				
CITY-ST-ZIP	MELBOURNE FL 32901				Y - ST - ZIP				
TATLE			DELETE	3.1 1111				Change	Addition
NAME				3.2 NAN			,		
STREET ADDRESS					EET ADDRESS				
CITY-ST-ZIP				1	Y-S1-ZIP				
TITLE			DELETE	4.1 1/11				Change	Addition
NAME				4. 2 NA	V IE				
STREET ADDRESS				4.8 STR	FF1 ADDRESS				
CITY-ST-ZIP				4.4 C(1)	r-S1-2(P				
TITLE			DELETE	5.1 THE			[Change	Addilion
NAME				5.P NAM	1E				
STREET ADDRESS	•			5.8 STR	EET ADDRESS				
CITY-ST-ZIP				5.4 CITY	r- \$1 - ZIP				
TITLE			DELETE	6.4 7111	E		I	Change	Addition
NAME				G.P NAM	NE				
STREET ADDRESS				6.8 S1R	EE1 ADDRESS				
CITY-ST-ZIP	<u> </u>			6.4 C(1)	r-\$1-2(P				
dd I da baral									

r oo nereby cerrily that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Horida 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 13 if changed, or on an attachment with an address.

dalon

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