FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 12 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/16/95--01009--002
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **P94000085263 (9)**

1. Corporation Name
FIRST ABBEY CORPORATION

Principal Place of Business	Mailing Address
216 OCEAN WAY VERO BEACH FL 32963	216 OCEAN WAY VERO BEACH FL 32963

3. Date Incorporated or Qualified: 11/22/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 2716 E Fowler
22: Suite, Apt. #, etc.
23: City & State: Tampa Fla
24: Zip: 33612 25: Country

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip 30: Country

4. FEI Number: 59-3306018 ☐ 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

9. Name and Address of Current Registered Agent

HOFFMAN, JOHN
216 OCEAN WAY
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name: Hoffman John
82 Street Address (P.O. Box Number is Not Acceptable): 3404 Belle-Shadow Ln
83:
84 City: Tampa FL 85 Zip Code: 33963

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☒ Change ☐ Addition
NAME	HOFFMAN, JOHN	12 NAME	Hoffman, John	
STREET ADDRESS	216 OCEAN WAY	13 STREET ADDRESS	3404 Belleshadow Ln	
CITY-ST-ZIP	VERO BEACH FL 32963	14 CITY-ST-ZIP	Tampa Fla 33634	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	GERACE, MARIA	22 NAME	Gerace Maria	
STREET ADDRESS	520 E AVENUE	23 STREET ADDRESS	3404 Belle Shadow LN	
CITY-ST-ZIP	ROCHESTER NY 14607	24 CITY-ST-ZIP	Tampa Fla 33634	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

5/12

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)(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 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 added on an attachment with an address.

SIGNATURE: _____ John Hoffman 5/2/95 813-889-8143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0078462 CP