FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000090736 (7)

ABBEY ASSOCIATES, INC.

FILED Feb 03 1998 8:00am Secretary of State



Principal Plac	e or Business	Mailing Address				
401 N. PINE I DEBARY FL 3		401 N. PINE MEADOW DR. DEBARY FL 32713				
people is seria		DEDART PE 32713			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					01/01/1995	
2. Principal Place of Business 2a. Mailing Address			• • • • • • • • • • • • • • • • • • • •		4. FEI Number Applied For	
21		26			1 Applied 1 of	
Suite, Apt	# elc	Suite, Apt. #, etc.			59-3289640 Not Applicable	
22	н, ос.				5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State	^	City & State	City & State			
		<u>⊢</u> ¬ ′	├ ¬ ′		Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution	
Zip	Country	Zip	Country		This corporation owes or has paid the current year intangible	
		29	 		Personal Property Tax due June 30. Yes No	
	g. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Agent	
DO1	tson, timothy		['	B1 Name		
401		h	82 Street	Address (P.O. Box Number is Not Acceptable)		
	BARY FL 32713			JH SHOEL	Address (F.O. Box Northber is Not Acceptable)	
			- 17	B3		
			L			
			- 1	B4 City	85 Zip Code	
	10	00 100 100 5			FL 3 2 P Code	
office or re	to the provisions of Sections 507.05 egistered agent, or both, in the Stat	502 and 607.1508, Florida Statute te of Florida. Such change was a	os, the abouthorized	ove-named by the corr	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
agent. I ar	m familiar with, and accept the obli	gations of, Section 607.0505, Flo	rida Statu	tes.	position of the desired of the desired and the	
SIGNATURE						
	Signature, typed or printed name of registered a	gent and title if applicable (NOTE	: Registered .	Agent signature	e required when reinstating) DATE	
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITL	E	P Change X Addition	
NAME	DOTSON, TIMOTHY		1.2 NAN	AE.		
STREET ADDRESS	401 N. PINE MEADOW DR.		1.3 STR	EET ADDRESS		
CITY-ST-ZIP	DEBARY FL 32713		1.4.000	r-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAM			
				-		
STREET ADDRESS			2.3 SIR	EE1 ADDRESS		
CITY-ST-ZIP				Y- \$!- ZIP		
TITLE		☐ DELETE	3.1 TITL	Ē	Change Addition	
NAME			3.2 NAM	IE		
STREET ADORESS			3.3 STR	EFT ADDRESS		
CITY-ST-ZIP			3.4. CIT	Y-ST-21P		
TITLE		DELETE	4.1 THTL		Change Addition	
NAME			4. 2 NAN		_ • -	
STREET ADDRESS				ET ADDRESS		
1						
CITY-ST-ZIP		☐ DELETE		- ST- ZIP		
TITLE		- Detere	5.1 HTL		☐ Change ☐ Addition	
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	- ST - ZIP		
TITLE	_	☐ DELETE	6.1 TITLI	-	☐ Change ☐ Addition	
NAME			6.2 NAM	E	-	
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	artify that the information aventual	with this filing does not avail.		-ST-ZIP	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated o	on this annual report o r supplement	tal annual report is true and accu	irate and :	that my sig	nature shall have the same legal effect as if made under oath; that I am an	
officer or d	director of the corporation or the rec	ceiver or trustee empowered to e	xecute thi	s report as	required by Chapter 607, Florida Statutes; and that my name appears in	
Block 12 o	or Block 13 if changed, or on an atta	achment with an address.				