

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90093 030 \*\*\*150.00

DOCUMENT # P95000002428

1. Corporation Name

~~MADISON DISPLAYS, INC.~~  
ABBOTT MORTGAGE, INC.

Principal Place of Business

35310 HWY 54 W  
ZEPHYRHILLS FL 33541

Mailing Address

35310 HWY 54 W  
ZEPHYRHILLS FL 33541



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1995

4. FEI Number

59-3291878

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HILL, CARL D  
35310 HWY 54 W  
ZEPHYRHILLS FL 33541

10. Name and Address of New Registered Agent

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D T  
HILL, CARL D  
STREET ADDRESS  
35310 HWY 54 W  
CITY-ST-ZIP  
ZEPHYRHILLS FL 33541

TITLE ☒ DELETE

NAME  
D  
HILL, KIMBERLY A  
STREET ADDRESS  
35310 HWY 54 W  
CITY-ST-ZIP  
ZEPHYRHILLS FL 33541

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME  
DVP  
RYMAN, NELSON  
1.3 STREET ADDRESS  
38819 OTIS ALLEN RD.  
1.4 CITY-ST-ZIP  
ZEPHYRHILLS, FL 33540

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME  
DP  
WRIGHT, LOUIS J.  
2.3 STREET ADDRESS  
P.O. BOX 1612  
2.4 CITY-ST-ZIP  
DADE CITY, FL 33525

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME  
DS  
OSTERMANN, KEITH  
3.3 STREET ADDRESS  
10439 LAMSON RD.  
3.4 CITY-ST-ZIP  
DADE CITY, FL 33525

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/99 (813) 782-7705

CR2E034 (1/98)