

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000008861 (3)**

1. Corporation Name
ABBOTT RESORTS, INC.



Principal Place of Business: **25 WALTER MARTIN RD NE FT WALTON BEACH FL 32548**
Mailing Address: **25 WALTER MARTIN RD NE FT WALTON BEACH FL 32548**

3. Date Incorporated or Qualified: **02/02/1995** 3a. Date of Last Report

2. Principal Place of Business: **21 35000 Emerald Coast Pkwy.** 2a. Mailing Address: **26 P.O. Box 30**
22. State, Apt. #, etc. 27. Suite, Apt. #, etc.
23. City & State: **Destin, Florida** 28. City & State: **Destin, Florida**
24. Zip: **32541** 25. Country: **Okaloosa** 29. Zip: **32541** 30. Country: **Okaloosa**

4. FET Number: **59-3303140** 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

10. Name and Address of New Registered Agent

**GRIMSLEY, JAMES W
25 WALTER MARTIN RD
NE
FT WALTON BEACH FL 32548**

81. Name: **James S. Olin**
82. Street Address (P.O. Box Number is Not Acceptable): **35000 Emerald Coast Parkway**
83. City: **Destin** FL 85. Zip Code: **32541**

11. Pursuant to the provisions of Sections 607.0512 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 607.0509, Florida Statutes.

SIGNATURE: *James S. Olin* **James S. Olin/President** 2/23/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GRIMSLEY, JAMES W	
STREET ADDRESS	25 WALTER MARTIN RD NE	
CITY-STATE-ZIP	FT WALTON BEACH FL 32548	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	James S. Olin	
3. STREET ADDRESS	35000 Emerald Coast Parkway	
4. CITY-STATE-ZIP	Destin Florida 32541	
2. TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Sue C. Van Diver	
2. STREET ADDRESS	35000 Emerald Coast Parkway	
2. CITY-STATE-ZIP	Destin, Florida 32541	
3. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3. NAME	William W. Abbott, Jr.	
3. STREET ADDRESS	35000 Emerald Coast Parkway	
3. CITY-STATE-ZIP	Destin, Florida 32541	
4. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4. NAME	Stephen J. Abbott	
4. STREET ADDRESS	35000 Emerald Coast Parkway	
4. CITY-STATE-ZIP	Destin, Florida 32541	
5. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5. NAME	James R. Steiner, Jr.	
5. STREET ADDRESS	35000 Emerald Coast Parkway	
5. CITY-STATE-ZIP	Destin, Florida 32541	
6. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	Charles H. Van Diver, III	
6. STREET ADDRESS	35000 Emerald Coast Parkway	
6. CITY-STATE-ZIP	Destin, Florida 32541	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 manager 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 in an attachment with an address.

SIGNATURE: *James S. Olin* **JAMES S. OLIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/96 904/837-3200
DATE FILED TELEPHONE #

CR2E034 (12/95)