

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

0533181

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90152 003 *1,050.00

DOCUMENT # P95000008861

1. Corporation Name
ABBOTT RESORTS, INC.

Principal Place of Business
**35000 EMERALD COAST PKWY
DESTIN FL 32541
US**

Mailing Address
**P.O. BOX 30
DESTIN FL 32541
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1995

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**OLIN, JAMES S.
35000 EMERALD COAST PKWY
DESTIN FL 32541**

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	P	<input type="checkbox"/> DELETE
NAME	OLIN, JAMES S.	
STREET ADDRESS	35000 EMERALD COAST PKWY	
CITY-ST-ZIP	DESTIN FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	VAN DIVER, SUE C.	
STREET ADDRESS	35000 EMERALD COAST PKWY	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ABBOTT, WILLIAM W.	
STREET ADDRESS	35000 EMERALD COAST PKWY	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ABBOTT, STEPHEN J.	
STREET ADDRESS	35000 EMERALD COAST PKWY	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEINER, JAMES R.	
STREET ADDRESS	35000 EMERALD COAST PKWY	
CITY-ST-ZIP	DESTIN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VAN DIVER, III C	
STREET ADDRESS	35000 EMERALD COAST PKWY	
CITY-ST-ZIP	DESTIN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chief Executive Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	David L. Levine	
1.3 STREET ADDRESS	35000 Emerald Coast Parkway	
1.4 CITY-ST-ZIP	Destin, FL 32541	
2.1 TITLE	Sr. Vice Pres. & CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jeffery M. Jarvis	
2.3 STREET ADDRESS	35000 Emerald Coast Parkway	
2.4 CITY-ST-ZIP	Destin, FL 32541	
3.1 TITLE	Sr. Vice Pres. & Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John K. Lines	
3.3 STREET ADDRESS	35000 Emerald Coast Parkway	
3.4 CITY-ST-ZIP	Destin, FL 32541	
4.1 TITLE	Vice Pres. & Controller	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mark C. Aldy	
4.3 STREET ADDRESS	35000 Emerald Coast Parkway	
4.4 CITY-ST-ZIP	Destin, FL 32541	
5.1 TITLE	Vice Pres. & Asst. Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Kelley Buechler	
5.3 STREET ADDRESS	35000 Emerald Coast Parkway	
5.4 CITY-ST-ZIP	Destin, FL 32541	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)