

03-02-1999 90003 041 ***150.00

DOCUMENT # P95000020158

1. Corporation Name

ABBOTT & PURDY GROUP, INC.

Principal Place of Business	Mailing Address
1146 ELIZABETH AVE W PALM BEACH FL 33401 US	1146 ELIZABETH AVE W PALM BEACH FL 33401 US

513 Southern Blvd #2
West Palm Beach, FL 33405

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/13/1995

4. FEI Number	-Applied For
65-0602656	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

8. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CHRISTU, ERIC C
222 LAKEVIEW AVE.
SUITE 1400
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	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

DATE _____

12.	OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE
TITLE	P	<input type="checkbox"/> DELETE
NAME	PURDY, MICHAEL	
STREET ADDRESS	1146 ELIZABETH AVE	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ABBOTT, JOHN D	
STREET ADDRESS	1146 ELIZABETH AVE	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.		OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	PI		
1.3 STREET ADDRESS	8		
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

Please note the new address.

Suite 205

33405

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

4/12/99
Date

655-6662
Daytime Phone #

CR2E034 (11/98)