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

PROFIT CORPORATION ANNUAL REPORT 1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P 97000085819 1. Corporation Name

Abbott Group, Inc.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90024 016 \*\*\*158.75

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Principal Place of Busines	55	/lailing Address							
Ocala, Florida		11456 S.W. 67 Court							
•		Ocala, Florid	a 3	4476	DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated				
					2 Octob		7		
2. Principal Place of Busi	iness 2	a. Mailing Address			4. FEI Number			TA	pplied For
11456 S.W. 6	7 Court 26	26 11456 S.W. 67 Court			65-07850	033		N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Γ <b>V</b>	\$8.75	Additional
-	27				5. Certifcate of State	us Desired	DX:	Fee R	equired
- City: &: State	and the same of th	City & State =			-6 Election Campaig	in Financing		\$5:00	May Be
¦Qcala,_Floric	la28	Ocala, Florid	a		Trust Fund Contri	ibution		Added	to Fees
_! <sup>Zîp</sup> 34476	Country USA 29	<sup>Zip</sup> 34476 3	Count	SA	8. This corporation of Personal Property		ent year Int	angible Yes	□No
9. Name	e and Address of Current Regi	stered Agent			10. Name and Addre	ess of New F	Registered .	Agent	
			8	1 Name					
Frank B. Ab	bott		<u> </u>	2 Street Add	dress (P.O. Box Number is	Not Accents	ahle)		<u>.</u>
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Ocala, Florio	da 34476		8	3				,	
t-			-	A City				os Zin	Codo
			0	4 City			FL	85 Zip	Code
1. Pursuant to the provis	sions of Sections 607.0502 and	607-1508, Florida Statutes,	the abo	ve-named cor	poration submits this state	ment for the	purpose of	changing its	registered
office or registered ac	gent, or both, in the State of Flor vith, and accept the obligations of	ida. 90ch <i>o</i> hange was auth f. Section 60 <b>7.∨50⊊</b> Florid	iorized b a Statute	y the corporates.	tion's board of directors. I	hereby accer	ot the appoil	ntment as re	egistered
SIGNATURE	7-15()					14 K	1 as co	2/0	ମିଟର
	d or printed name of registered agent and title	of applicable. (NOTE: Re	gistered Ag	ent signature requir	red when reinstating)		DATE		· /_/
2.	OFFICERS AND DIR		13.		ADDITIONS/CHAN	IGES TO OF	FICERS AN	D DIRECTO	ORS IN 12
TLE P. V	P. Dir	☐ DELETE	1.1 TITLE					☐ Change	Addition
:   P, V	/P, Dir nk B. Abbott	☐ DELETE	1.1 TITLE 1.2 NAME					☐ Change	Addition
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