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

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:26

DOCUMENT # **S11589** **(6)**

1. Corporation Name

**ABBOTT AND SWAIN OF ST. AUGUSTINE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1093 A1A BEACH BLVD<br>ST AUGUSTINE FL 32084<br>US | 1093 A1A SOUTH<br>ST AUGUSTINE FL 32084<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/06/1990
3a. Date of Last Report: 04/01/1994

2. Principal Place of Business
21 ST. AUGUSTINE, FLORIDA
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 1093 A1A BEACH BLVD.
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-3047985 ☐ 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

STEPHENS, MALCOLM L., JR.
NO. 10 CATHEDRAL PLACE
(P.O. DRAWER "S")
ST. AUGUSTINE FL 32085

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | T | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | ABBOTT, GRETCHEN | 1.2 NAME | |
| STREET ADDRESS | 2248 COMMODORES CLUB BLVD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | 1.4 CITY-ST-ZIP | |
| TITLE | S | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | SWAIN, JUANITA | 2.2 NAME | |
| STREET ADDRESS | 110 OCEAN HOLLOW | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST AUGUSTINE FL | 2.4 CITY-ST-ZIP | |
| TITLE | P | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | ABBOTT, TIMOTHY C. | 3.2 NAME | |
| STREET ADDRESS | 2230 COMMODORES CLUB BLVD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | 3.4 CITY-ST-ZIP | |
| TITLE | VP | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | SWAIN, GREG | 4.2 NAME | |
| STREET ADDRESS | 3689 HWY A1A SOUTH | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. AUGUSTINE FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

**SIGNATURE:** X Timothy C. Abbott 1/30/1995 (904) 471-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402110 FP