

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 28 1997 8:00am
Secretary of State

DOCUMENT # S11589 (6)

1. Corporation Name
ABBOTT AND SWAIN OF ST. AUGUSTINE, INC.

Principal Place of Business
ANASTASIA PLAZA
ST AUGUSTINE FL 32084
US

Mailing Address
1093 A1A BEACH BLVD.
ST AUGUSTINE FL 32084-6733
US



2. Principal Place of Business

21 ST. AUGUSTINE, FLORIDA
Suite, Apt. #, etc.

22 ST. AUGUSTINE, FLORIDA
City & State

23 32084-6733
Zip

Country

24

2a. Mailing Address

26 1093 A1A BEACH BLVD.
Suite, Apt. #, etc.

27 ST. AUGUSTINE, FLORIDA
City & State

28 32084-6733
Zip

Country

29

3. Date Incorporated or Qualified
11/06/1990

3a. Date of Last Report
04/25/1996

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ABBOTT, GRETCHEN
2248 COMMODORES CLUB BLVD
ST. AUGUSTINE FL

DELETE

S
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SWAIN, JUANITA
110 OCEAN HOLLOW
ST AUGUSTINE FL

DELETE

P
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ABBOTT, TIMOTHY C.
2210 COMMODORES CLUB BLVD.
ST. AUGUSTINE FL

DELETE

VP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SWAIN, GREG
3689 HWY A1A SOUTH
ST. AUGUSTINE FL

DELETE

DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

DELETE
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
Change Addition

14. I do 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.

SIGNATURE:

Timothy C. Abbott
4/10/97 904-471-4122

CR2E034 (9/96)