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Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # S11589

1. Corporation Name

ABBOTT & SWAIN OF ST. AUGUSTINE INC.

Principal Place of Business	Mailing Address
ANASTASIA PALZA ST. AUGUSTINE FL. 32084	1093 A1A BEACH BLVD. ST. AUGUSTINE, FL. 32084-6733

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business	2a. Mailing Address
21 ST. AUGUSTINE, FL.	26 1093 A1A BEACH BLVD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ST. AUGUSTINE, FL.	City & State 28
Zip / Country 24 32084-6733 25	Zip / Country 29 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STEPHENS, MALCOML, JR. NO. 10 CATHEDRAL PLACE (P. O. DRAWER "S") ST. AUGUSTINE, FL. 32085	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P ☐ DELETE NAME ABBOTT TIM STREET ADDRESS 2210 COMMODORES CLUB BLVD. CITY-ST-ZIP ST. AUGUSTINE	1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE V.P. ☐ DELETE NAME SWAIN, GREG STREET ADDRESS 4689 HWY. A1A SOUTH CITY-ST-ZIP ST. AUGUSTINE, FL.	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE S ☐ DELETE NAME SWAIN JUANITA STREET ADDRESS 10 OCEAN HOLLOW CITY-ST-ZIP ST. AUGUSTINE, FL.	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP LS 4.22
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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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.

SIGNATURE: Timothy C Abbott 3/23/98 904-471-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)