

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

FILED

**Apr 17 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S85205 (0)
 1. Corporation Name
READ ABBOTT ENTERPRISES, INCORPORATED



Principal Place of Business 1696 BEARDALL AVE 1696 BELLE AVE STE 126 SANFORD FL 32771 US	Mailing Address 1696 BEARDALL AVE SANFORD FL 32771 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1696 BEARDALL AVE, 1 Suite, Apt. #, etc. 22 City & State 23 SANFORD FL Zip Country 24 32771 25 US	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 10/04/1991	4. FEI Number 59-3069391	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
ELENOR, RAE
998 W OAKWOOD RD.
ORANGE CITY FL 32763

10. Name and Address of New Registered Agent
 81 Name **RAE ELENOR**
 82 Street Address (P.O. Box Number is Not Acceptable)
823 EAST 26th AVENUE
 83
 84 City **NEW SMYRNA BEACH FL** 85 Zip Code **32169**

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 PS	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELENOR, RAE		1.2 NAME
STREET ADDRESS 998 OAKWOOD RD.		1.3 STREET ADDRESS
CITY-ST-ZIP ORANGE CITY FL 32763		1.4 CITY-ST-ZIP
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELENOR, JOAN		2.2 NAME
STREET ADDRESS 998 OAKWOOD RD.		2.3 STREET ADDRESS
CITY-ST-ZIP ORANGE CITY FL 32763		2.4 CITY-ST-ZIP
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUEST, OLIVER CLARK		3.2 NAME
STREET ADDRESS 413 RANCH TRAIL		3.3 STREET ADDRESS
CITY-ST-ZIP CASSELBERRY FL 32707		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

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 by an attachment with an address.

CR2E034 (10/97)

DeB *RAE ELENOR* *11/13/09* *107 823 3213*