FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 17 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757858 (6)

1. Corporation Name

ABATE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 585 DEBARY FL 32713	P.O. BOX 585 DEBARY FL 32713

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1981
3a. Date of Last Report: 06/28/1994
4. FEI Number: 59-2427359 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

TISHLER, STEVEN D
766 DUCK KEY DR.
DUCK KEY FL 33050

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	P	11 TITLE	D	☐ Change ☐ Addition
NAME	REICHENBACH, JAMES II	12 NAME		
STREET ADDRESS	P.O. BOX 712 N/A	13 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS FL 34489-0712	14 CITY-ST-ZIP		
TITLE	S	21 TITLE	D	☐ Change ☐ Addition
NAME	SAWYER, ELIZABETH	22 NAME		
STREET ADDRESS	P.O. BOX 685 N/A	23 STREET ADDRESS		
CITY-ST-ZIP	DEBARY FL	24 CITY-ST-ZIP		
TITLE	V	31 TITLE	D	☐ Change ☐ Addition
NAME	HARPER, TIM	32 NAME		
STREET ADDRESS	1314 WILKINSON DR.	33 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL	34 CITY-ST-ZIP		
TITLE	T	41 TITLE	D	☐ Change ☐ Addition
NAME	HARPER, DEBRA	42 NAME		
STREET ADDRESS	1314 WILKINSON DR.	43 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33567	44 CITY-ST-ZIP		
TITLE	SAA	51 TITLE	T	☐ Change ☐ Addition
NAME	KING, ROBERT	52 NAME		
STREET ADDRESS	P.O. BOX 92708 N/A	53 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33807-2708	54 CITY-ST-ZIP		
TITLE	M	61 TITLE	T	☐ Change ☐ Addition
NAME	YOUNG, LINDA	62 NAME		
STREET ADDRESS	P.O. BOX 540778 N/A	63 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32954-0778	64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elizabeth Sawyer ELIZABETH SAWYER MARCH 31, 1995 (407)668-5006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030000