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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 32713-0585

3. Date Incorporated or Qualified: **05/06/1981**
3a. Date of Last Report: **01/25/1996**

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

4. FEI Number: **59-3101979** ☐ 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

TISHLER, STEVEN D
786 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 617.0502 and 617.1508, 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 617.0503, 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	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	REICHENBACH, JAMES II		1.2 NAME		
STREET ADDRESS	P.O. BOX 712 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SAWYER, ELIZABETH		2.2 NAME		
STREET ADDRESS	73 AZALEA ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEBARY FL 32713		2.4 CITY-ST-ZIP		
TITLE	~~VD~~	XX DELETE	3.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	~~INGLIS, ALBERT~~		3.2 NAME	OUS, ED	
STREET ADDRESS	~~143 SW 29TH TERRACE~~		3.3 STREET ADDRESS	4451 SE 138th TERR	
CITY-ST-ZIP	~~CAPE CORAL FL 33914~~		3.4 CITY-ST-ZIP	MORRISTON, FL, 32668	
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BUCHHOLZ, CHARLES		4.2 NAME		
STREET ADDRESS	73 AZALEA RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	DEBARY FL 32713		4.4 CITY-ST-ZIP		
TITLE	SAAT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KING, ROBERT		5.2 NAME		
STREET ADDRESS	P.O. BOX 450413 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34745-0413		5.4 CITY-ST-ZIP		
TITLE	MT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, LINDA		6.2 NAME		
STREET ADDRESS	P.O. BOX 540778 N/A		6.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 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 Jan 12, 1997 (407) 668-5006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0013065