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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757858

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 PO BOX 2520	26 PO BOX 2520	05/06/1981
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-3101979 ☐ Applied For ☐ Not Applicable
23 City & State: DELAND, FL.	28 City & State: DELAND, FL.	5. Certifcate of Status Desired ☒ $8.75 Additional Fee Required
24 Zip: 32721 25 Country: VOLUSIA	29 Zip: 32721 30 Country: VOLUSIZ	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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	251 N. HWY 314-A		1.3 STREET ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS FL 34488		1.4 CITY-ST-ZIP		
TITLE	DS	XX ☒ DELETE	2.1 TITLE	DS	XX ☒ Change ☐ Addition
NAME	SAWYER, ELIZABETH		2.2 NAME	NAKAMURA, TODD	
STREET ADDRESS	73 AZALEA ROAD		2.3 STREET ADDRESS	902 SE MONTROSE AVE.	
CITY-ST-ZIP	DEBARY FL 32713		2.4 CITY-ST-ZIP	PORT ST. LUCIE, FL, 34983	
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KING, ROBERT		3.2 NAME		
STREET ADDRESS	P. O. BOX 450413 MA		3.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34745		3.4 CITY-ST-ZIP		
TITLE	DT	XX ☒ DELETE	4.1 TITLE	DT	XX ☒ Change ☐ Addition
NAME	BUCHHOLZ, CHARLES		4.2 NAME	POLLOCK, CECIL J.	
STREET ADDRESS	73 AZALEA RD		4.3 STREET ADDRESS	324 16TH ST. SW	
CITY-ST-ZIP	DEBARY FL 32713		4.4 CITY-ST-ZIP	VERO BEACH, FL. 32962	
TITLE	SAAT	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DANIEL, DAN N/A		5.2 NAME		
STREET ADDRESS	P. O. BOX 676		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIMS FL 32754		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 (11/98)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: JAMES REICHENBACH II SIGNATURE REQUIRED James Reichenbach 2-12-99 (352)625-6353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #