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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northington Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001429 (9)

1. Corporation Name
ABCO TRANSPORTATION, INC.

Principal Place of Business P.O. BOX 76595 TAMPA FL 33675	Mailing Address P.O. BOX 76595 TAMPA FL 33675
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/22/1994	3a. Date of Last Report
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3206435	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
City 24	City 29	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
State 25	State 30	7. This corporation has liability for intangible tax under 1989 U.S.C. Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent ABERNATHY, NORMA 3435 FOXHALL DR. HOLIDAY FL 34691	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0602 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME ABERNATHY, LESTER G	1.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS 3435 FOXHALL DR.	CITY, ST, ZIP HOLIDAY FL 34691	1.2 NAME	
TITLE STD	NAME ABERNATHY, NORMA J	1.3 STREET ADDRESS	
STREET ADDRESS 3435 FOXHALL DR.	CITY, ST, ZIP HOLIDAY FL 34691	1.4 CITY, ST, ZIP	
TITLE	NAME	2.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	CITY, ST, ZIP	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	2.4 CITY, ST, ZIP	
TITLE	NAME	3.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	CITY, ST, ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	3.4 CITY, ST, ZIP	
TITLE	NAME	4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	CITY, ST, ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	4.4 CITY, ST, ZIP	
TITLE	NAME	5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	CITY, ST, ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	5.4 CITY, ST, ZIP	
TITLE	NAME	6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	CITY, ST, ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	6.4 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(2)(b), 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: Norma Abernathy **NORMA ABERNATHY** SEC/TREASURER 4/30/95 8/3 1/3 8/178