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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F94000001429 (9)**

1. Corporation Name
ABCO TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 76595 TAMPA FL 33675	P.O. BOX 76595 TAMPA FL 33675-1595

3. Date Incorporated or Qualified: 03/22/1994
3a. Date of Last Report: 06/19/1996

2. Principal Place of Business
21: 4306 E Columbus DR
22: Suite, Apt. #, etc.
23: City & State: Tampa FL
24: Zip: 33605
25: Country: USA

2a. Mailing Address
26: 4306 E Columbus DR
27: Suite, Apt #, etc.
28: City & State: Tampa FL
29: Zip: 33605
30: Country: USA

4. FEI Number: 59-3206435 ☐ 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

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 **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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ABERNATHY, LESTER G		1.2 NAME	
STREET ADDRESS	3435 FOXHALL DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34691		1.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ABERNATHY, NORMA J		2.2 NAME	
STREET ADDRESS	3435 FOXHALL DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL 34691		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PLEVEL, JOSEPH J		3.2 NAME	
STREET ADDRESS	6305 MARBELLA BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] 4-24-97