

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3: 15

DOCUMENT # K99081 (7)
1. Corporation Name
A ABLE INSURANCE, INC.

Principal Place of Business Mailing Address
670-2 BLOUNTSTOWN HIGHWAY TALLAHASSEE FL 32304 **670-2 BLOUNTSTOWN HIGHWAY TALLAHASSEE FL 32304**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **06/29/1989** 3a. Date of Last Report **02/24/1994**
4. FEI Number **59-2958843** 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

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

9. Name and Address of Current Registered Agent
**WORKMAN, DAVID M.
2863 FITZPATRICK DR.
TALLAHASSEE FL 32308**

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 names of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORKMAN, DAVID M.	1.2 NAME	
STREET ADDRESS	2863 FITZPATRICK DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	DVS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, PEGGY	2.2 NAME	
STREET ADDRESS	2863 FITZPATRICK DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENS, PEGGY	3.2 NAME	
STREET ADDRESS	2863 FITZPATRICK DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 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(3)(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: *David M. Workman* **DAVID M. WORKMAN** 1/20/95 6949576-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #