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PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K99081

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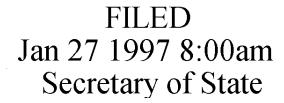
A ABLE INSURANCE, INC.

870-2 BLOUNTSTOWN HIGHWAY

TALLAHASSEE FL 32304

Principal Place of Business Mailing Address

870-2 BLOUNTSTOWN HIGHWAY TALLAHASSEE FL 32304-2760





| | | | | | | 3. Date Incorporated or Qualified 08/29/1989 | 3a. Date of Last Report 02/09/1996 | | | |
|--|---|--|----------------------|---------------------|--|--|---------------------------------------|--------------------------------|-----------------------------|--|
| | acc of Business | | 2a. Mailing Address | | | 4. FEI Number Applied For | | | pplied For | |
| 21 870 - | 4 BLOUNTSTOWN H | wy. 26 870-4 BLOUNT | STOR | IN HW | γ. | 59-2958843 | | N | ot Applicable | |
| Suite, Apt | | Suite, Apt. #, etc. | 27 | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | | |
| City & State | > | City & State | City & State | | | 6. Election Campaign Financing \$5.00 May Be | | | May Be | |
| 23 | | 28 | | | | Trust Fund Contribution | | Added | to Fees | |
| Ζιρ | Country | Zip | Country | | | 8. This corporation has liability for it | ntangible ta | x under : | s. 199.032, | |
| 24 | 25 | | 30 | | | Florida Statutes Yes No | | | | |
| | 9. Name and Address of Cur | rent Registered Agent | | | | 10. Name and Address of New Reg | gistered Ag | ent | | |
| | rkman, david M. | | | 81 Name | | | | | | |
| 2863 FITZPATRICK DR. TALLAHASSEE FL 32308 | | | | 82 Street Add | | dress (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | The first of the f | | | | | |
| | | | | 83 | | | | | | |
| | | | - | 04 02 | | | | | | |
| | | | | 84 City | | | FL | 85 Zip | Code | |
| Office of re | egistered agjent, or born, in the Sta | 0502 and 607,1508 Florida Statule ale of Florida Such change was au digations of, Section 607,0505, Flor | nnorized | i by the cor | d corporation | ation submits this statement for the pair's board of directors. I hereby accep | urpose of ch t the appoir | nanging introduced in | ts registered registered | |
| SIGNATURE | Signatur Hyard or proved name of negationed | group and bile 1 area copies (NOTE | Econtract | Agost signatur | o required | when reinstating) | DATE | | | |
| 12. | | AND DIRECTORS | 13. | Agent alphatun | e required i | ADDITIONS/CHANGES TO OFFIC | | IBECTO | RS IN 12 | |
| TIT_E | DP | DELETE | 1 1 111 | LE | 1 | | | Change | Addition | |
| NAME | WORKMAN, DAVID M. | | 1 2 NA | | 1 | | - | gc | | |
| STREET ADDRESS | 2863 FITZPATRICK DR. | | 1 3 STREET ADDRESS | | | | | | | |
| CFTV - ST - 712 | TALLAHASSEE FL | | 1 4 CITY-ST-ZIP | | | | | | | |
| TITLE | DVS | DELETE | 2.1 Titl | | | | | Change | Addison | |
| NAMÉ | STEPHENS, PEGGY | LJ beare | | | | | L |) cuange | Addition | |
| STREET ADDRESS | 2863 FITZPATRICK DR. | | 2.2 NAME | | | | | | | |
| | TALLAHASSEE FL | | 2.3 STREET ADDRESS | | | | | | | |
| CHY-ST-7/P | | | | 2 4 CITY - ST - ZIP | | | | 1 2 | | |
| T-TLE | | | 3.1 TITI | | | | L. |] Change | Addition | |
| NAME | STEPHENS, PEGGY 2863 FITZPATRICK DR. | TITOATONON DO | | | | | | | | |
| STREET ADDRESS | | • | | REET ADDRESS | | | | | | |
| CHTY - ST - ZIF | TALLAHASSEE FL | DC(F7r | 3.4. CITY - ST - ZIP | | ļ | | · · · · · · · · · · · · · · · · · · · | 1 6 | | |
| TITLE | | ☐ DELETE | 4.1 T(T) | | | | L | Change | Addition | |
| NAME | | | 4. 2 NA | | | | | | | |
| STREET ADDRESS | | | 4.3 STP | EET ADDRESS | | | | | | |
| CITY ST-ZIF | | | 4.4 CITY - ST - ZIP | | <u> </u> | ************************************** | | | | |
| me | | ☐ DELETE | 5.1 TITE | .E | | | Ĺ. |] Change | Addition | |
| NAME. | | | 5.2 NA | ME | | | | | | |
| STREET ADDRESS | | | 53STF | EET ADDRESS | | | | | | |
| CITY - ST - ZIP | | The Annual Control of the Control of | 5.4 CITY-ST-ZIP | | | | | | | |
| TITLE | | DELETE | 6.1 TITU | .E | | | | Change | Addition | |
| NAMÉ | | | 6.2 NA | ME | | | | | | |
| STREET ADDRESS | | | 6.3 STR | EET ADDRESS | | | | | | |
| C-TY - ST - ZIP | | | | Y-ST-ZIP | | | | | | |
| | vicertify tool the information soon | lica with this filing doce not quality | | | totad in | Section 119 07/3)(i) Florida Statutos | . I durthau ac | - ak'C . al k | | |

Information supplied with the same according to the exemption stated in section 119.0(3)(i), Florida Statutes. Further certify that the information indicated on this 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.

01/21/97 (904) 576-5500