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**Jan 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
870-2 BLOUNTSTOWN HIGHWAY TALLAHASSEE FL 32304 **870-2 BLOUNTSTOWN HIGHWAY TALLAHASSEE FL 32304-2760**

3. Date Incorporated or Qualified **06/29/1989** 3a. Date of Last Report **02/09/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 870-4 BLOUNTSTOWN HWY.	26 870-4 BLOUNTSTOWN HWY.	59-2958843	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Zip		
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WORKMAN, DAVID M. 2863 FITZPATRICK DR. TALLAHASSEE FL 32308		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 required for principal place of business 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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	† <input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: *David M. Workman* **DAVID M. WORKMAN** 01/21/97 (904) 576-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)