

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

Jun 04 1996 8:00 am

Secretary of State

DOCUMENT # P93000079081 (4)

1. Corporation Name

ACCESS-ABLE TECHNOLOGIES, INCORPORATED

Principal Place of Business

1275 BENNETT DR.
#115
LONGWOOD FL 32750

Mailing Address

1275 BENNETT DR.
#115
LONGWOOD FL 32750



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MCGARVEY, G. BLAIR
616 ORCHID LN
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified

11/10/1993

3a. Date of Last Report

07/14/1995

4. FEI Number

59-3287591

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. 199.03?
Florida Statutes

☐ Yes

☐ No

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

Signature typed or printed name of officer, trust agent, or other agent, etc.

Signature typed or printed name of registered agent, if not the same as above.

Date

12. OFFICERS AND DIRECTORS

TITLE

P

☐ DELETE

NAME

MCGARVEY, KENNETH B
9857 82ND STREET, SOUTH
COTTAGE GROVE MN 55016

TITLE

V

☐ DELETE

NAME

MCGARVEY, CHRISTIE M
9857 82ND ST., SOUTH
COTTAGE GROVE MN 55016

TITLE

S

☐ DELETE

NAME

MCGARVEY, G. BLAIR
616 ORCHID LANE
ALTAMONTE SPRINGS FL 32714

TITLE

T

☐ DELETE

NAME

MCGARVEY, CAROLYN R
616 ORCHID LANE
ALTAMONTE SPRINGS FL 32714

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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 a valid signature.

SIGNATURE: G. BLAIR MCGARVEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Blair McGarvey 5/30/96 407-834-2999

CR2E034 (12/95)