SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 30 AM 9:05

DOCUMENT # **S46258** **(7)**

1. Corporation Name

ABLE BODY TEMPORARY SERVICES, INC.

Principal Place of Business	Mailing Address
7018 BOUGANVILLE DR PORT RICHEY FL 34668 US	P.O. BOX 139 LARGO FL 34649

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/17/1991	3a. Date of Last Report: 05/01/1994

21 2. Principal Place of Business: 3080 EAST BAY DR	26 2a. Mailing Address	4. FEI Number: 59-3060343	Applied For / Not Applicable
22 State, Apt. #, etc.	27 State, Apt. #, etc.	5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
23 City & State: LARGO FL	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip: 34641 25 County: PINE	29 Zip	30 County	8. This corporation has elected to be governed by Chapter 617, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MONGELLUZZI, F.M.
7018 BOUGANVILLE DR
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name: MONGELLUZZI F.M.
82 Street Address (P.O. Box Number Is Not Acceptable): 3080 EAST BAY DR
83
84 City: LARGO FL 85 Zip Code: 34641

11. Pursuant to the provisions of Section 607.1622 and (if applicable) 607.1623, 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] 6/19/95

12. OFFICERS AND/OR DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS IN 12
1 TITLE: PD 2 NAME: MONGELLUZZI, F.M. 3 STREET ADDRESS: 7018 BOUGANVILLE DR 4 CITY-ST-ZIP: PORT RICHEY FL	1 TITLE: 2 NAME: 3 STREET ADDRESS: 4 CITY-ST-ZIP: ☐ Change ☐ Add/Del
5 TITLE: ST 6 NAME: MONGELLUZZI, F.M. 7 STREET ADDRESS: 7018 BOUGANVILLE DR 8 CITY-ST-ZIP: PORT RICHEY FL	5 TITLE: 6 NAME: 7 STREET ADDRESS: 3080 EAST BAY DR 8 CITY-ST-ZIP: LARGO FL 34641 ☐ Change ☐ Add/Del
9 TITLE: 10 NAME: 11 STREET ADDRESS: 12 CITY-ST-ZIP:	9 TITLE: 10 NAME: 11 STREET ADDRESS: 12 CITY-ST-ZIP: ☐ Change ☐ Add/Del
13 TITLE: 14 NAME: 15 STREET ADDRESS: 16 CITY-ST-ZIP:	13 TITLE: 14 NAME: 15 STREET ADDRESS: 16 CITY-ST-ZIP: ☐ Change ☐ Add/Del
17 TITLE: 18 NAME: 19 STREET ADDRESS: 20 CITY-ST-ZIP:	17 TITLE: 18 NAME: 19 STREET ADDRESS: 20 CITY-ST-ZIP: ☐ Change ☐ Add/Del
21 TITLE: 22 NAME: 23 STREET ADDRESS: 24 CITY-ST-ZIP:	21 TITLE: 22 NAME: 23 STREET ADDRESS: 24 CITY-ST-ZIP: ☐ Change ☐ Add/Del

14. I do hereby certify that the information supplied with this filing is true, accurate, complete and 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 added above.

SIGNATURE: [signature] 6/19/95 813-531-4442
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (SEE 12 OR 13 OR DIRECTOR) — Date — Daytime Phone

CR2E034 (3/95)

0118760 CP