SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

FILED
Sep 03 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 # S46258 (7)

1. Corporation Name
ABLE BODY TEMPORARY SERVICES, INC.

Principal Place of Business	Mailing Address
~~3000 EAST BAY DR~~ ~~LARGO FL 34641~~ ~~US~~	~~P.O. BOX 139~~ ~~LARGO FL 34649~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 30750 U.S. Hwy 19 N	2a. Mailing Address 26 P.O Box 4699
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Palm Harbor FL	City & State 28 Clearwater FL
Zip / Country 24 34684 25 FL/US	Zip / Country 29 34618 30 FL/US

3. Date Incorporated or Qualified 04/17/1991	3a. Date of Last Report 07/08/1996
4. FEI Number 59-3060343	☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MONGELLUZZ, F.M. ~~3000 EAST BAY DR~~ ~~LARGO FL 34641~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 30750 U.S Hwy 19 N. 83 84 City Palm Harbor FL 85 Zip Code 34684

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 F.M. Mongelluzzi F.M. MONGELLUZZI 8/20/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	MONGELLUZZI, F.M.		1.2 NAME	
STREET ADDRESS	~~3000 EAST BAY DR~~		1.3 STREET ADDRESS	30750 U.S. Hwy 19 N
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	ST	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	MONGELLUZZI, F.M.		2.2 NAME	
STREET ADDRESS	~~3000 EAST BAY DR~~		2.3 STREET ADDRESS	30750 US Hwy 19 N
CITY-ST-ZIP	LARGO FL		2.4 CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (4/97)

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: [illegible] 8/20/97