

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M11224** (6)

1. Corporation Name  
**ABLE SOUTH, INC.**

FILED  
Mar 26 1996 8:00 am  
Secretary of State



Principal Place of Business  
**4165 N. DIXIE HWY  
POMPANO BEACH FL 33064**

Mailing Address  
**4165 N. DIXIE HWY  
POMPANO BEACH FL 33064**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
**02/12/1985**

3a. Date of Last Report  
**01/27/1995**

4. FEI Number  
**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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**JOHNSON, JOHN R.  
100 E. SAMPLE RD #330  
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 of person making appointment as registered agent

Signature of person accepting appointment as registered agent

DATE

12. OFFICERS AND DIRECTORS

1. TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2. TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3. TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4. TITLE  
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5. TITLE  
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CITY - ST - ZIP

6. TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP

5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY - ST - ZIP

9. TITLE  
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95. STREET ADDRESS  
96. CITY - ST - ZIP

97. TITLE  
98. NAME  
99. STREET ADDRESS  
100. 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John P. Suggs**

**1-24-96**

**305-7849333**

CR2E034 (12/95)

PM  
5-15-96