

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90114 016 ***150.00

DOCUMENT # F92984

1. Corporation Name

A.B.A. INDUSTRIES, INC.

Principal Place of Business

10260 US HWY. 19 NORTH
PINELLAS PARK FL 33782
US

Mailing Address

10260 US HWY. 19 NORTH
PINELLAS PARK FL 34866

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1982

4. FEI Number

23-1932238

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 the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~PELUSO WILLIAM~~
~~10260 US HWY. 19 NORTH~~
~~PINELLAS PARK FL 34866~~

81 Name

GREGORY J. Michalik

82 Street Address (P.O. Box Number is Not Acceptable)

10260 US Hwy 19 N

83

84 City

Pinellas Park

FL

85 Zip Code

33782

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]
Signature, typed or printed name of registered agent and title if applicable.

GREGORY J. Michalik

Treasurer/Secretary

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE

NAME PELUSO, WILLIAM A
STREET ADDRESS 10260 U.S. HWY. 19 N.
CITY-ST-ZIP PINELLAS PARK FL

1.1 TITLE

PRESIDENT

☐ Change

☒ Addition

NAME PELUSO, WILLIAM A
STREET ADDRESS 10260 U.S. HWY. 19 N.
CITY-ST-ZIP PINELLAS PARK FL

1.2 NAME

ALVIN E. COOK

1.3 STREET ADDRESS

10260 US HWY 19 N

1.4 CITY-ST-ZIP

Pinellas Park FL 33782

TITLE D ☐ DELETE

NAME LABBE, GILLES
STREET ADDRESS 755 THURBER STREET
CITY-ST-ZIP LONGUEUIL, QUEBEC CA

2.1 TITLE

☐ Change

☐ Addition

NAME LABBE, GILLES
STREET ADDRESS 755 THURBER STREET
CITY-ST-ZIP LONGUEUIL, QUEBEC CA

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME BELANGER, REAL
STREET ADDRESS 755 THURBER
CITY-ST-ZIP LONGUEUIL, QUEBEC, CA

3.1 TITLE

☐ Change

☐ Addition

NAME BELANGER, REAL
STREET ADDRESS 755 THURBER
CITY-ST-ZIP LONGUEUIL, QUEBEC, CA

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE T ☒ DELETE

NAME HICKEY, ALAN
STREET ADDRESS 10260 US HWY 19 N
CITY-ST-ZIP PINELLAS PARK FL

4.1 TITLE

Treasurer/Secretary

☐ Change

☒ Addition

NAME HICKEY, ALAN
STREET ADDRESS 10260 US HWY 19 N
CITY-ST-ZIP PINELLAS PARK FL

4.2 NAME

GREGORY J. Michalik

4.3 STREET ADDRESS

10260 US Hwy 19 N

4.4 CITY-ST-ZIP

Pinellas Park FL 33776

TITLE S ☒ DELETE

NAME MEREDITH, PATTY
STREET ADDRESS 10260 US HWY 19 N
CITY-ST-ZIP PINELLAS PARK FL

5.1 TITLE

Director

☐ Change

☒ Addition

NAME MEREDITH, PATTY
STREET ADDRESS 10260 US HWY 19 N
CITY-ST-ZIP PINELLAS PARK FL

5.2 NAME

Michael Davis

5.3 STREET ADDRESS

10260 US Hwy 19 N

5.4 CITY-ST-ZIP

Pinellas Park FL 33776

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

Vice President

☐ Change

☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME

STEVEN BARNES

6.3 STREET ADDRESS

10260 US Hwy 19 N

6.4 CITY-ST-ZIP

Pinellas Park FL 33776

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-546-3571

CR2E034 (1/98)