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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 700121 (7)

**1. Corporation Name
ABILITIES INC OF FLORIDA**

**Principal Place of Business Mailing Address
2735 WHITNEY ROAD 2735 WHITNEY ROAD
CLEARWATER FL 34620 CLEARWATER FL 34620**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified 11/06/1959 3a. Date of Last Report 07/15/1994
4. FEI Number 59-0874493 Applied For Not Applicable**

**2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30**

**5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501 (c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No**

**9. Name and Address of Current Registered Agent
SANDONATO, WILLIAM JR
2735 WHITNEY ROAD
CLEARWATER FL 34620**

**10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT TITUS, GARY S. 2023-C S. CAROLINA AVE. TAMPA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOWLING, J C 2851 PHEASANT RUN CLEARWATER FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD BOYLE, JACK W. 7 N. PINE CR. BELLEAIR FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SEALUND, BARBARA 2861 VERNON TERR LARGO FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SANDONATO, WILLIAM JR 1856 BARCELONA DRIVE DUNEDIN FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CLARK, VAN J. 2837 HERON LN., N. CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD SOECHTIG, JACQUELINE 2417 HUNTINGTON BLVD. SAFETY HARBOR, FL 34695
5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD PATRICK, KELLER 2964 SANDPIPER PLACE CLEARWATER FL 34622

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)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gary Titus, Assist. Treasurer GARY TITUS 3/21/95 813-538-7370