

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

FILED

May 02 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 # 851284 (0)

1. Corporation Name  
ABLEST SERVICE CORP.

Principal Place of Business  
45 ANDERSON RD.  
BUFFALO NY 14225  
US

Mailing Address  
45 ANDERSON RD.  
BUFFALO NY 14225-4805  
US



3. Date Incorporated or Qualified 12/15/1981  
3a. Date of Last Report 05/24/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 22-2228945		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D
NAME	FOSTER, W D	1.2 NAME	W. DAVID FOSTER
STREET ADDRESS	1812 BARN OWL WAY	1.3 STREET ADDRESS	3045 BRAELOCH CIRCLE E.
CITY - ST - ZIP	PALM HARBOR FL	1.4 CITY - ST - ZIP	CLEARWATER, FL 34621
TITLE	S	2.1 TITLE	
NAME	SNITZER, ISADORE	2.2 NAME	
STREET ADDRESS	163 PURITAN RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	TONAWANOA NY	2.4 CITY - ST - ZIP	
TITLE	CD	3.1 TITLE	D
NAME	HEIST, C.H. I	3.2 NAME	C H HEIST, III
STREET ADDRESS	2241 ALLIGATOR CREEK RD.	3.3 STREET ADDRESS	2241 ALLIGATOR CREEK RD
CITY - ST - ZIP	CLEARWATER FL	3.4 CITY - ST - ZIP	CLEARWATER, FL 33575
TITLE	VTD	4.1 TITLE	V/D
NAME	ROWLEY, JOHN L	4.2 NAME	JOHN L. ROWLEY
STREET ADDRESS	478 OLD OAK CIRCLE	4.3 STREET ADDRESS	478 OLD OAK CIRCLE
CITY - ST - ZIP	PALM HARBOR FL	4.4 CITY - ST - ZIP	PALM HARBOR, FL 34683
TITLE	VT	5.1 TITLE	T
NAME	ROWLEY, JOHN L.	5.2 NAME	MARK KASHMANIAN
STREET ADDRESS	478 OLD OAK CIRCLE	5.3 STREET ADDRESS	276 RAMBLING RD.
CITY - ST - ZIP	PALM HARBOR FL	5.4 CITY - ST - ZIP	EAST AMHERST, NY 14051
TITLE		6.1 TITLE	D
NAME		6.2 NAME	DONNA R. MOORE
STREET ADDRESS		6.3 STREET ADDRESS	708 SOLAR ISLE
CITY - ST - ZIP		6.4 CITY - ST - ZIP	FT. LAUDERDALE, NY 33301

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: *Mark Kashmanian*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/24/97 Daytime Phone (714) 894-3035

CR2E034 (9/96)