

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90223 048 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 851284**
 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  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1981

4. FEI Number

22-2228945

Applied For

Not Applicable

5. Certificate of Status Desired ☐
**\$8.75 Additional**  
 Fee Required
6. Election Campaign Financing ☐
**\$5.00 May Be**  
 Added to Fees

 8. This corporation owes the current year Intangible  
 Personal Property Tax. ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

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

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 ☐ DELETE
 TITLE PD  
 NAME FOSTER, W D  
 STREET ADDRESS 3045 BRAELOCK CIRCLE E  
 CITY-ST-ZIP CLEARWATER FL
TITLE S ☐ DELETE
 NAME SNITZER, ISADORE  
 STREET ADDRESS 163 PURITAN RD.  
 CITY-ST-ZIP TONAWANDA NY
TITLE D ☐ DELETE
 NAME HEIST, C.H. I  
 STREET ADDRESS 2241 ALLIGATOR CREEK RD.  
 CITY-ST-ZIP CLEARWATER FL
TITLE VD ☐ DELETE
 NAME ROWLEY, JOHN L.  
 STREET ADDRESS 478 OLD OAK CIRCLE  
 CITY-ST-ZIP PALM HARBOR FL
TITLE Y ☐ DELETE
 NAME KASHMANIAN, MARK  
 STREET ADDRESS 278 RAMBLING RD  
 CITY-ST-ZIP E AMHERST NY
TITLE O ☒ DELETE
 NAME MOORE, DONNA R  
 STREET ADDRESS 708 SOLAR ISLE  
 CITY-ST-ZIP FT LAUDERDALE NY
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:


**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

716 894 3035

Daytime Phone #

CR2E034 (1/98)