

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 16 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G04600 (4)

1. Corporation Name

ASSOCIATED BUSINESS INDUSTRIES, INC.

Principal Place of Business

Mailing Address

3645 FOWLER STREET
FT. MYERS FL 33901
US

6401-A BADGER
TAMPA FL 33610

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/15/1982

3a. Date of Last Report

06/27/1994

4. FEI Number

59-2232168

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 6401-A BADGER

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 TAMPA FL

28

Zip

Country

Zip

Country

24 33610

25 Hillsboro

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWELL, GARY J.
6401-A BADGER
TAMPA FL 33610

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 filer if applicable

(NOTE: Registered Agent signature required when rechartering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME POWELL, WILLIAM J.
STREET ADDRESS 6401-A BADGER
CITY - ST - ZIP TAMPA FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME WHITLOCK, CLAIRE
STREET ADDRESS 6170 NEAL RD.
CITY - ST - ZIP FT. MYERS FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☒ Change ☐ Addition

6324 QUEENSWAY DR., N.
TEMPLE TERRACE, FL 33617

TITLE PD
NAME POWELL, GARY J.
STREET ADDRESS 4522 SWEETWATER LAKE
CITY - ST - ZIP TAMPA FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VD
NAME WARDEN, CLIFFORD E.
STREET ADDRESS 6170 NEAL RD.
CITY - ST - ZIP FT. MYERS FL

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☒ Change ☐ Addition

6324 QUEENSWAY DR., N.
TEMPLE TERRACE, FL 33617

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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, a 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #