

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # H08690 (0)
1. Corporation Name
A. B. ASSOCIATES, INC.

Principal Place of Business	Mailing Address
P O BOX 82215 TAMPA FL 33682	P O BOX 82215 TAMPA FL 33682

2. Principal Place of Business	2a. Mailing Address
21	26

Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27

City & State		City & State	
23		28	

zip	Country	zip	Country
24	25	29	30

g. Name and Address of Current Registered Agent.

AMAN, JEFFREY A. 14502 N DALE MABRY SUITE 314 TAMPA FL 33618	81	Name
	82	Street Address
	83	
	84	City

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/01/1984

4. FEI Number	Applied For
59-2421580	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
--	--------------------------	------------------------------------

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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: _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP BOHANNON, JAMES C.	1.1 TITLE	C
	<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Addition

NAME	BOWERS, JAMES C.	12 NAME	
STREET ADDRESS	1357 EOKLES DR	13 STREET ADDRESS	2700 Bayshore Blvd #1309
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	DON + din, FL 34698

TITLE	D	<input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWERS, CAROLE R.		22 NAME	
STREET ADDRESS	1557 ECKLES DR		23 STREET ADDRESS	2700 Bayshore Blvd #1309

CITY-ST-ZIP	TAMPA-FL	2.4 CITY-ST-ZIP	Dunedin, FL. 34698
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	

STREET ADDRESS	3.3 STREET ADDRESS
CITY - ST - ZIP	3.4 CITY - ST - ZIP
TITLE	4.1 TITLE
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS

CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	5.1 TITLE
NAME	5.2 NAME

STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY, ST, ZIP	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.

SIGNATURE: JAMES C. BOWERS  1-5-98 813-932-9853