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 -1 AM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H82677** **(6)**

1. Corporate Name
A ABLE, INC.

Principal Place of Business
~~1505 SW 52ND TERR.~~ 3462
~~SUITE 3~~
~~CAPE CORAL FL 33917~~
US

Mailing Address
POST OFFICE BOX 1437
FT. MYERS FL 33902
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/16/1985**
3a. Date of Last Report: **08/22/1994**

2. Principal Place of Business
21: **3462 Hancock Br. Pky**
22 Suite, Apt. # or Bldg.: **214**
23 City & State: **North Ft. Myers, FL**
24 Zip: **33903**

2a. Mailing Address
26
27 Suite, Apt. # or Bldg.
28 City & State
29 Zip
30 County

4. FEI Number: **59-2606950** ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JANE, ROBERT L. #214
~~1505 SW 52ND TERR.~~ 3462 Hancock Bridge Pky.
~~CAPE CORAL FL 33914~~ N. Fort Myers, FL 33903

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): **3462 Hancock Bridge Pky # 214**
83
84 City: **N. Fort Myers** **FL** 85 Zip Code: **33903**

11. Pursuant to the provisions of Sections 607.0501 and 607.1505, 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TYPE	DP	☐ Change ☐ Addition
NAME	JANE, ROBERT L.	
STREET ADDRESS	~~1505 SW 52ND TERR.~~ P.O. Box 1437	
CITY-ST-ZIP	~~CAPE CORAL FL~~ Ft. Myers, FL 33902	
TYPE	D	☐ Change ☐ Addition
NAME	SARTAIN, SARAH M.	
STREET ADDRESS	~~1505 SW 52ND TERR.~~	
CITY-ST-ZIP	~~CAPE CORAL FL~~	
TYPE	D	☐ Change ☐ Addition
NAME	~~JANE, GLADYS L.~~ deceased	
STREET ADDRESS	~~2714 LAKE HOWELL LANE~~	
CITY-ST-ZIP	~~WINTER PARK FL~~	
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I/We hereby certify that the information supplied with this report is true, complete, and current and that I/we are authorized to execute this report as required by Chapter 607, Florida Statutes. I/We further certify that the mailing address listed for the annual report or supplemental annual report is true and correct 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 above, or on an attachment with all other like empowered.

SIGNATURE: [signature] [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 997-5263
Daytime Phone #

0332807 CP