

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 17 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 # H84501 (6)

1. Corporation Name
A.B.A. BORING, INC.

Principal Place of Business
RT 1 BOX 894 NW 105 AV
LAWTEY FL 32058
US

Mailing Address
RT 1 BOX 894 NW 105AV
LAWTEY FL 32058
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1792 NW 251st Street
Suite, Apt. #, etc.

2a. Mailing Address
26 1792 NW 251st Street
Suite, Apt. #, etc.

City & State
23 Lawtey, FL

City & State
28 Lawtey, FL

Zip Country
24 32058 25 Bradford

Zip Country
29 32058 30 Bradford

3. Date Incorporated or Qualified 10/28/1985
3a. Date of Last Report 08/12/1996

4. FEI Number 59-2729527
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ATTEBERRY, ROBERT S
RT 1 BOX 894 NW 105 AV
LAWTEY FL 32058

81 Name Atteberry, Robert S.
82 Street Address (P.O. Box Number is Not Acceptable)
83 1792 NW 251st Street
84 City Lawtey FL 85 Zip Code 32058

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

Robert S. Atteberry (President)

9/12/97

Signature, typed or printed name of registered agent and this applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ATTEBERRY, ROBERT S.
STREET ADDRESS RT 1 BOX 894 NW 105 AV
CITY-ST-ZIP LAWTEY FL ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1792 NW 251st Street
1.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE S
NAME ATTEBERRY, VICKI
STREET ADDRESS RT 1 BOX 894 NW 105 AV
CITY-ST-ZIP LAWTEY FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1792 NW 251st Street
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

Robert S. Atteberry (President)

904 782-2800

CR2E034 (4/97)