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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morhart Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 250114 1. Corporation Name ABELE TREE MOVERS, INC DBA PRO LINE TRAILERS			
Principal Place of Business 5795 N. U.S. 1 COCOA, FL. 32927		Mailing Address Same	
2. Principal Place of Business 21 5795 N. U.S. #1 Suite, Apt. #, etc. 22 City & State 23 Cocoa, FL Zip 24 32927	2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29 BREVARD	3. Date Incorporated or Qualified 02/09/1990	3a. Date of Last Report 04/18/1996
4. FEI Number 59-2996875		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. 193.032, Florida Statutes ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent GLOVER, FRANCIS W. 5011 DALEHURST DRIVE COCOA, FL 32926		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	
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 reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS TITLE PD ☐ DELETE NAME GLOVER, FRANCIS W. STREET ADDRESS 5011 DALEHURST DR. CITY-STATE-ZIP COCOA, FL 32926 TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP TITLE ☐ DELETE NAME STREET ADDRESS CITY-STATE-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	
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 in an attachment with an address.			
SIGNATURE: Francis W. Glover SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FRANCIS W. GLOVER		Date 5-8-97 Daytime Phone # 407-633-9336	

CR2E034 (9/96)