FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M17778** **(5)**

1. Corporation Name
ABI COMPANIES, INC.

Principal Place of Business
2502 ROCKY POINT DR., SUITE 740
TAMPA FL 33607

Mailing Address
2502 ROCKY POINT DR., SUITE 740
TAMPA FL 33607

3. Date Incorporated or Qualified: **07/09/1985**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2556119** 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

9. Name and Address of Current Registered Agent
HARTER, CRAIG R.
2502 ROCKY POINT DR., SUITE 740
TAMPA FL 33607

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 607.1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	WILKINS, WILLIAM		1.2 NAME	
STREET ADDRESS	2502 ROCKY PT DR., #740		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	ZIP 33607
TITLE	PD	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	BOOTH, WILLIAM H., III		2.2 NAME	
STREET ADDRESS	2502 ROCKY PT DR., #740		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	ZIP 33607
TITLE	STD	☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	LAUER, F.BRUCE		3.2 NAME	
STREET ADDRESS	2502 ROCKY PT DR., #740		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	ZIP 33607
TITLE	V	☐ DELETE	4.1 TITLE	☑ Change ☐ Addition
NAME	BROOKS, JEFFREY		4.2 NAME	
STREET ADDRESS	2502 ROCKY PT DR., #740		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	ZIP 33607
TITLE	CFO	☐ DELETE	5.1 TITLE	☑ Change ☐ Addition
NAME	HARTER, CRAIG R.		5.2 NAME	
STREET ADDRESS	2502 ROCKY PT DR., #740		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	ZIP 33607
TITLE	D	☐ DELETE	6.1 TITLE	☑ Change ☐ Addition
NAME	CLARK, PETER B.		6.2 NAME	
STREET ADDRESS	2502 ROCKY PT DR., #740		6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP	ZIP 33607

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)(k), 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: _____ 1/16/96 Date (813) 284-8808 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CRAIG R. HARTER CFO

CR2E034 (12/95)