## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

N42120

(8)

ABC & ME, INC.

Principal	Place of Business					

Mailing Address

## **FILED** Apr 10 1997 8:00am Secretary of State



1595 MICHIGA DUNEDIN FL S		1595 MICHIGAN BLVD. DUNEDIN FL 34698-2337				·	
					3. Date Incorporated or Qualified 02/15/1991	3a. Date of Last Report 04/22/1996	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number 59-3050548	Applied For Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				_ \$0.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Z <sub>i</sub> ρ	Country		8. This corporation has liability for in		
24 25 29 30  9. Name and Address of Current Registered Agent			30			Yes No	
<del></del>	S. Harris and Address Of Curr	aur vedisielen Whelir	81	I Name	10. Name and Address of New Reg	Jistered Agent	
ÖOMOD	PO DIAME MADIE		ال ا	Name			
	ies, diane marie Ichigan blvd.		82	Street A	ddress (P.O. Box Number is Not Acceptable	θ)	
	IN FL 34698		83	3			
. DUNEU	III FL 34090						
			84	City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.05	502 and 617.1508, Florida Statute	s, the abov	/e-named c	proporation submits this statement for the pu	roose of changing its registered	
office or r	registered agent, or both, in the State on familiar with, and accept the ob-	of Florida, Such change was a	uthorized b	y the corpo	ration's board of directors. I hereby accept	t the appointment as registered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submilts 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 fantiliar with, and accept the obligations of Section 617.0503, Florida Statutes.							
SIGNATURE	Signature typed or printed name of registered a	gent and the if applicable. (NOTE	: Registered Ac	jent signature re	quired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12	
TITLE	PST	☐ DELETE	1.1 TITLE	ŀ		Change Addition	
NAME	RONSPIES, DIANE MARIE		1.2 NAME				
STREET ADDRESS			1.3 STREE	T ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL			ST-ZIP			
TITLE	D	DELETE				☐ Change ☐ Addition	
NAME	LOOMIS, DWIGHT		2.2 NAME		•		
STREET ADDRESS	DIMPONET			T ADDRESS			
CITY-ST-ZIP TITLE	DUNEDIN FL			ST-ZIP			
NAME	WALKER, RON					Change Addition	
STREET ADDRESS	209 NESTLE BRANCH DR		3.2 NAME				
CITY-ST-ZIP	SAFTEY HARBOR FL 34695		3.4. CITY-	T ADDRESS			
TITLE	D	34.1 DELETE 41.1		01-ZIF		Change Addition	
NAME	RONSPIES, DIANE MARIE	<del>-</del>	4. 2 NAME				
STREET ADDRESS	1328 PEACHTREE DRIVE		1	T ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY - S				
TITLE			5.1 TITLE			Change Addition	
NAME			5.2 NAME			-	
STREET ADDRESS	<b>41</b> 5 7		5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S	ST - ZIP			
TITLE NAME		DELETE	6.1 TITLE			- Change Addition	
MANKE	•		6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP		~~~	6.4 CITY - 9	ST-ZIP			

I do hereby certify that the information supplied with this filling 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.