## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

> Secretary of State DIVISION OF CORPORATIONS

1996

P94000007094 (3)

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**DOCUMENT #** Corporation Name

A AND B SERVICES OF CENTRAL FLORIDA, INC.

Country

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Mailing Address Principal Place of Business P O BOX 897 39043 CITADEL CIRCLE ZEPHRYHILLS FL 33539-0897 ZEPHYRHILLS FL 33540 3a. Date of Last Report 05/19/1995 3. Date Incorporated or Qualified 01/27/1994 Applied For Mailing Address 59-3216572 2a. 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 22 27 City & State City & State 28 23 Cc

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9. Name and Address of Current Registered Agent STINNETT, BEN 39043 CITADEL CIRCLE ZEPHYRHILLS FL 33540

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	6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
ntry	8. This corporation has liability for intangible tax under s 199.032,     Florida Statutes				
·	10. Name and Address of New Registered Agent				
81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)				
83					
84	City 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. Thereby accept the appointment as registered agent, i am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE si	gradute, typed or primed care, of nighter, happed and to ill accordate	(NOTe: Faig mered Ajunt signati 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  VICE PRESEDENT Change WAddition  BEN STINNETT  39043 CITADEL CIRCLE  2EPHYRHIUS, FL 33540
12.	OFFICERS AND DIRECTORS		Change WAddition
TITLE	STINNETT, ANITA		DEN STINNETT
NAME		1.2 NAME	BEN CITAGEL CIRCLE
STREET ADDRESS	39043 CITADEL CIRCLE	1 3 SARSET ADORE	65 37043 677
CITY-ST-ZIP	ZEPHRYHILLS FL	1.4 CH7 - S1 - ZIP	2EPHYKHICUS, M. 335 40
TITLE	DE	LETE 2.1 TITLE	Change Addition
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CITY - ST - ZIP		5 4 CiTY - ST - ZiP	P Change Addition
TITLE			
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET AUDE	RESS :
1		6.4 CHTV - S1 - 7IF	e

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 carb; 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 the attachment with an address.

SIGNATURE:

ANITA STINNETT 2/12/96 (813)788-3129