

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 18 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 # P94000007094 (3)

1. Corporation Name

A AND B SERVICES OF CENTRAL FLORIDA, INC.

Principal Place of Business

39043 CITADEL CIRCLE
ZEPHYRHILLS FL 33540

Mailing Address

P O BOX 897
ZEPHYRHILLS FL 33539-0897
US



2. Principal Place of Business

21 3410 EMERALD POINTE DR

Suite, Apt. #, etc.

22 #107B

City & State

23 HOLLYWOOD, FL

Zip

24 33021

Country

25 BROWARD

2a. Mailing Address

26 3410 EMERALD POINTE DR

Suite, Apt. #, etc.

27 #107B

City & State

28 HOLLYWOOD, FL

Zip

29 33021

Country

30 BROWARD

3. Date Incorporated or Qualified

01/27/1994

3a. Date of Last Report

04/25/1996

4. FEI Number

59-3216572

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

STINNETT, BEN
39043 CITADEL CIRCLE
ZEPHYRHILLS FL 33540

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE V
NAME STINNETT, BEN
STREET ADDRESS 39043 CITADEL CIRCLE
CITY-ST-ZIP ZEPHYRHILLS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE P
1.2 NAME ANITA STINNETT
1.3 STREET ADDRESS 3410 EMERALD POINTE DR #107B
1.4 CITY-ST-ZIP HOLLYWOOD, FL 33021

2.1 TITLE V
2.2 NAME BEN STINNETT
2.3 STREET ADDRESS 3410 EMERALD POINTE DR #107B
2.4 CITY-ST-ZIP HOLLYWOOD, FL 33021

☒ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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.

CR2E034 (9/96)