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 # **P94000028443 (7)**

1. Corporation Name

ABLE PROPERTY INVESTMENTS, INC.

Principal Place of Business

4725 NORTH NEBRASKS AVE.
TAMPA FL 33603
US

Mailing Address

813 E BLOOMINGDALE AVE
SUITE 202
BRANDON FL 33511
US

3. Date Incorporated or Qualified: 04/12/1994

3a. Date of Last Report: 08/15/1995

4. FEI Number: 59-3270903 — 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

2. Principal Place of Business

21 4725 N. Nebraska Ave
Street, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address

26 P.O. Box 3367
Street, Apt. #, etc.
27
City & State
28 Apollo Beach, Florida
Zip 29 33572 | County 30 USA

9. Name and Address of Current Registered Agent

JOHNSON ESQ, PAUL B
100 S ASHLEY DR
SUITE 1450
TAMPA FL 33602

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 607.1505, 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. The street address of the registered office and the name of the registered agent are identical to those of the corporation's current or previous office or agent. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	MESSMAN, MICHAEL	
STREET ADDRESS	4725 N NEBRASKA AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VSD	☒ DELETE
NAME	MARTIN, GARY A	
STREET ADDRESS	3202 LITHIA RD	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	☒ DELETE
NAME	MARTIN, CANDI CARTER	
STREET ADDRESS	3202 LITHIA RD	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	☐ DELETE
NAME	MESSMAN, LYNDA R	
STREET ADDRESS	113 HICKORY CREEK BLVD	
CITY-ST-ZIP	BRANDON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	Vice President S D	☒ Change ☐ Addition
42 NAME	Messman, Lynda R	
43 STREET ADDRESS	6348 Cottonwood Lane	
44 CITY-ST-ZIP	Apollo Beach, Fl 33572	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing, and to the best of my knowledge, furnished herein does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. 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 attached sheet with an address.

SIGNATURE: Lynda R. Messman LYNDA R. MESSMAN 4-15-96 813-641-1094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date — Daytime Phone

CR2E034 (12/95)