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 # **P95000006277 (4)**

1. Corporation Name

ABLING & CHAPMAN, P.A.

Principal Place of Business

227 N. MAGNOLIA AVE., STE. 200
ORLANDO FL 32801

Mailing Address

227 N. MAGNOLIA AVE., STE. 200
ORLANDO FL 32801

2. Principal Place of Business

21 112 E. CONCORD ST.
Suite, Apt. #, etc.
22
City & State
23 ORLANDO FL
Zip
24 32801
Country
25 U.S.A.

2a. Mailing Address

26 112 E. CONCORD ST.
Suite, Apt. #, etc.
27
City & State
28 ORLANDO FL
Zip
29 32801
Country
30 U.S.A.

3. Date Incorporated or Qualified: **01/20/1995**

3a. Date of Last Report

4. FEI Number: 59-3285848 ☐ 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

ABLING, MADELIENE C
227 N. MAGNOLIA AVE., STE. 200
ORLANDO FL 32801

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

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ABLING, MADELIENE C
STREET ADDRESS 227 N. MAGNOLIA AVE., STE. 200
CITY-ST-ZIP ORLANDO FL 32801
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DIRECTOR
NAME MADELIENE C. ABLING
STREET ADDRESS 112 E. CONCORD ST.
CITY-ST-ZIP ORLANDO, FL 32801
☒ Change ☐ Addition

TITLE DIRECTOR
NAME MARTHA A. CHAPMAN
STREET ADDRESS 112 E. CONCORD ST.
CITY-ST-ZIP ORLANDO, FL 32801
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, complete and accurate. 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 added above.

SIGNATURE: Madelene C. Abling 2/1/96 (407) 423-7788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MADELIENE C. ABLING

Date Phone #