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Sep 03 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 # P95000017971 (9)

1. Corporation Name
ABLE STAFFING & LEASING, INC.



Principal Place of Business
3080 E BAY DR
LARGO FL 34684

Mailing Address
3080 E BAY DR
LARGO FL 33771-2639

3. Date Incorporated or Qualified
03/06/1995

3a. Date of Last Report
07/01/1996

2. Principal Place of Business
21 30750 U.S. Hwy 19 N
Suite, Apt. #, etc.
22
City, State
23 Palm Harbor FL
Zip
24 34684
Country
25 Pinellas
26 P.O. Box 4699
Suite, Apt. #, etc.
27
City, State
28 Clearwater FL
Zip
29 34618
Country
30 Pinellas

4. FEI Number
59-3305730

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
D & B CORPORATE SERVICES, INC.
5999 CENTRAL AVE
SUITE 202
ST PETERSBURG FL 33710

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	DPST			<input type="checkbox"/>
	MONGELLUZZI, CHRIS F	3080 E BAY DR	LARGO FL	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1					<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2						
1.3						
1.4						
2.1					<input type="checkbox"/>	<input type="checkbox"/>
2.2						
2.3						
2.4						
3.1					<input type="checkbox"/>	<input type="checkbox"/>
3.2						
3.3						
3.4						
4.1					<input type="checkbox"/>	<input type="checkbox"/>
4.2						
4.3						
4.4						
5.1					<input type="checkbox"/>	<input type="checkbox"/>
5.2						
5.3						
5.4						
6.1					<input type="checkbox"/>	<input type="checkbox"/>
6.2						
6.3						
6.4						

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.

SIGNATURE: *Chris Mongelluzzi*

CR2E034 (9/96)