

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

FILED  
Mar 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000002618 (2)**

1. Corporation Name

**A.B.I. INVESTIGATIONS, INC.**

Principal Place of Business

Mailing Address

**1675 STARKY RD.  
B-8  
LARGO FL 33771  
US**

**P.O BOX 241  
LARGO FL 33779  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/04/1996**

4. FEI Number

**59-3358012**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

**21 11350 66 St. N.**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

**22 #117**

**27 Suite, Apt. #, etc.**

City & State

**23 LARGO FLA.**

City & State

**28 LARGO FLA.**

Zip

**24 33773**

Country

**25 Pinellas**

Zip

**29 33773**

Country

**30 US**

9. Name and Address of Current Registered Agent

**HALL, ROBERT  
1675 STARKY RD., B-8  
LARGO FL 33771**

10. Name and Address of New Registered Agent

**81 Name ROBERT HALL  
82 Street Address (P.O. Box Number is Not Acceptable)  
11350 66 St. N.  
# 117  
83 City LARGO FL 85 Zip Code 33773**

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

*Robert Hall*

**ROBERT HALL, President**

**2-24-98**

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 DP**  
**NAME HALL, ROBERT**  
**STREET ADDRESS 1675 STARKY RD., B-8**  
**CITY-ST-ZIP LARGO FL**

**TITLE VP**  
**NAME HOLCOMB, DONALD B**  
**STREET ADDRESS 1914 SEAGULL DRIVE**  
**CITY-ST-ZIP CLEARWATER FL 34624**

**TITLE VPST**  
**NAME BUYERS, EDWARD R**  
**STREET ADDRESS 2001 HAWAII AVE. N.E.**  
**CITY-ST-ZIP ST. PETERSBURG FL 33703**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE**  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY-ST-ZIP**

**2.1 TITLE**  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-ST-ZIP**

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

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

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

**6.1 TITLE**  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY-ST-ZIP**

14. I 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:

*Robert Hall*

**2-24-98 319-0125**

CP2E034 (10/97)