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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000002618**1. Corporation Name

A.B.I. INVESTIGATIONS, INC.

							.	
Principal Place	e of Business	Mailing Address						
11350 66 ST N		P.O BOX 241						
#117		LARGO FL 33779				DO NOT-WRITE IN THIS SP	ACE	
LARGO FL 33773 US						3. Date Incorporated or Qualifed		
03	•	•				01/04/1996		
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21 1098		26			-	59-3358012	No	t Applicable
Suite, Apt.		Suite, Apt. #, etc.				· · · · · · · · · · · · · · · · · · ·	\$8.75 A	
22	•	27				3. 33. 	Fee Re	quired
City & State	e	City & State				6. Election Campaign Financing	\$5.00	
23 LAFG	0, FL	28				Trust Fund Contribution	Added to	o Fees
Zip C	Country	Zip	Cour	ntry		8. This corporation owes the current year Intang		
24 3371		29	30			1 Orbonari rapany ram		□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Ag	ent	
LEALI	DODERT			81	Name	Hall Robert		
	, ROBERT			82	Street Add	ress (P.O. Box Number is Not Acceptable)		~
	0 66 ST N	*			10	980 117th way N		
#117				83		ı		
LAHG	GO FL 33773		•	84	City		85 Zip (Code
			~		MA	Say FL	" 3 3	Code 3フフタ
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was a	uthorized	l by th	ne corporati	portation submits this statement for the purpose of chains board of directors. I hereby accept the appointment	ient as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered	Agent s	signature require	ed when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND	DIBECTO	RS IN 12
TITLE	DP	☐ DELETE	1.1 TIT	ΓLE			Change	Addition
NAME	HALL, ROBERT		1.2 NA	ME	Д	Hall, Robert		
STREET ADDRESS	1675 STARKY RD., B-8		1.3 ST	REETA	DDRESS	Hall, Robert 10980 1174 Way N.		
CITY-ST-ZIP	LARGO FL		1.4 CI	TY-ST-	ZIP	LARD, FL 33778		.]
TILE	VP DELETE			2.1 TITLE			Change	Addition
NAME	HOLCOMB, DONALD B			2.2 NAME				
STREET ADDRESS	1914 SEAGULL DRIVE		2.3 ST	REETA	ADDRESS	•		i
	CLEARWATER FL 34624			TY-ST-				Ì
CITY-ST-ZIP	OCCUMENT CONTRACT	☐ DELETE	3.1 TIT			[Change	☐ Addition
NAME		_	3.2 NA		1			
					ADORESS			ļ
STREET ADDRESS				TY-ST-				ļ
CITY-ST-ZIP TITLE		☐ DELETE	4.1 111				Change	Addition
			4. 2 N			_	-	
NAME OTDEET ADDDESS		•			ADDRESS			
STREET ADDRESS								
CITY-ST-ZIP		☐ DELETE	4.4 CI	TY-ST-	-ZIF	Г	Change	☐ Addition
TITLE		□ VECE IE	5.1 III					
NAME			ı		ADDRESS			
STREET ADDRESS						•		
CITY-ST-ZIP		□ BELETE	6.1 TII	TY-ST-	- CIF		Change	[] Addition
TITLE		☐ DELETE				٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	_ change	C Addition
NAME			6.2 NA					
STREET ADDRESS			6.3 ST	REETA	ADDRESS	,		

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90124 049 ***150.00