

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortenson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S27299 (4)

1. Corporation Name

A ABLE BODY AGENCY INC.



Principal Place of Business

**110 SUZANNE AVE.
ORANGE PARK FL 32073
US**

Mailing Address

**% DAVID A.KING. ATTY.
1416 KINGSLEY AVE.
ORANGE PARK FL 32073**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**KING, DAVID A.
ATTORNEY AT LAW
1416 KINGSLEY AVE.
ORANGE PARK FL 32073**

3. Date Incorporated or Qualified

01/25/1991

3a. Date of Last Report

03/16/1995

4. FLE Number

59-3049420

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

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 607.0607 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 approved by the corporation's board of directors. Thereby, I accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0609, Florida Statutes.

SIGNATURE

12

OFFICERS AND DIRECTORS

TITLE

**D
TOSH, DIANE C.
110 SUZANNE AVE.
ORANGE PARK FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

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TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

D/P

☒ Change

☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

☐ Change

☐ Addition

☐ Change

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14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 or employee of the corporation, and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address.

SIGNATURE: X

Diane C. Tosh
Diane C. Tosh, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)