

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

FILED  
Mar 19 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 # 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 32073-4509

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
01/25/1991

3a. Date of Last Report  
04/05/1996

21 State, Apt. #, etc.

26 State, Apt. #, etc.

4. FEI Number  
59-3049420

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 25

29 30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~KING DAVID XXX~~  
~~X TOSH DIANE XXX~~  
~~X TOSH DIANE XXX~~  
~~ORANGE PARK FL 32073~~

81 Name  
Diane C. Tosh

82 Street Address (P.O. Box Number is Not Acceptable)

83 110 Suzanne Avenue

84 City  
Orange Park

FL

85 Zip Code  
32073

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: *Diane C Tosh*  
Diane C. Tosh, Registered Agent

Mar 11, 1997

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE DP	<input type="checkbox"/> DELETE
12.2 NAME TOSH, DIANE C.	
12.3 STREET ADDRESS 110 SUZANNE AVE.	
12.4 CITY- ST- ZIP ORANGE PARK FL	
12.5 TITLE	<input type="checkbox"/> DELETE
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY- ST- ZIP	
12.9 TITLE	<input type="checkbox"/> DELETE
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY- ST- ZIP	
12.13 TITLE	<input type="checkbox"/> DELETE
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY- ST- ZIP	

13.1 1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 1.2 NAME	
13.3 1.3 STREET ADDRESS	
13.4 1.4 CITY- ST- ZIP	
13.5 2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 2.2 NAME	
13.7 2.3 STREET ADDRESS	
13.8 2.4 CITY- ST- ZIP	
13.9 3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 3.2 NAME	
13.11 3.3 STREET ADDRESS	
13.12 3.4 CITY- ST- ZIP	
13.13 4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 4.2 NAME	
13.15 4.3 STREET ADDRESS	
13.16 4.4 CITY- ST- ZIP	
13.17 5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 5.2 NAME	
13.19 5.3 STREET ADDRESS	
13.20 5.4 CITY- ST- ZIP	
13.21 6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.22 6.2 NAME	
13.23 6.3 STREET ADDRESS	
13.24 6.4 CITY- ST- ZIP	

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 included 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 or changed or on an attachment with an address.

SIGNATURE: *Diane C Tosh*  
Diane C. Tosh, President

CRSE034 (9/96)