FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S71012** **(6)**

1. Corporation Name
ABI COMPANIES, INC.

Principal Place of Business	Mailing Address
2502 ROCKY PT DRIVE, STE 740 TAMPA FL 33607	2502 ROCKY PT DRIVE, STE 740 TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/06/1991**
3a. Date of Last Report: **03/03/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-3078530** ☐ Applied For ☐ Not Applicable
State, Apt. # (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) County (25) Zip (29) County (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
DOWNS, JOSEPH W. III 601 BRICKELL KEY DRIVE SUITE 500 MIAMI FL 33131	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 Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	51 TITLE	VP ☒ Change ☐ Addition
NAME	BOOTH, WILLIAM H. III	52 NAME	William Booth, III
STREET ADDRESS	2502 ROCKY PT. DR STE740	53 STREET ADDRESS	2502 Rocky Point Dr. #740
CITY ST ZIP	TAMPA FL	54 CITY ST ZIP	Tampa, FL
TITLE	VP	21 TITLE	P ☒ Change ☐ Addition
NAME	BROOKS, JEFFREY J.	22 NAME	Brooks, Jeffrey J.
STREET ADDRESS	2502 ROCKY PT. DR STE740	23 STREET ADDRESS	2502 Rocky Point Dr #740
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	Tampa, FL
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	HARTER, CRAIG R.	32 NAME	
STREET ADDRESS	2502 ROCKY PT DR STE 740	33 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	LAUER, BRUCE F.	42 NAME	
STREET ADDRESS	2502 ROCKY PT DR. STE740	43 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that 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 report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: [signature] 4/26/95 (813) 289-8005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0292020 CP