

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

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Feb 03 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 # **S86406** (3)

1. Corporation Name
ABI COMPANIES OF GEORGIA, INC.



Principal Place of Business
**2502 ROCKY POINT DRIVE
SUITE 740-640
TAMPA FL 33607**

Mailing Address
**2502 ROCKY POINT DRIVE
SUITE 740
TAMPA FL 33607-1446**

3. Date Incorporated or Qualified **10/09/1991** 3a. Date of Last Report **08/26/1996**

| | | | |
|---|---|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 58-1983584 | Applied For <input type="checkbox"/> Not Applicable |
| 21. Suite, Apt. #, etc. SUITE 640 | 26. Suite, Apt. #, etc. SUITE 640 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 22. City & State | 27. City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 23. Zip | 28. Zip | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 24. Country | 29. Country | | |

| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
|--|--|--|------------------------|
| BOOTH, III, WILLIAM H 2502 ROCKY POINT DRIVE SUITE 740 TAMPA FL 33607 | | 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 607.0502 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: * *[Signature]* DATE: **1/2/97**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOOTH, WILLIAM H. III | 1.2 NAME | |
| STREET ADDRESS | 2502 ROCKY PT DR STE 740 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33607 | 1.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROOKS, JEFFREY J. | 2.2 NAME | |
| STREET ADDRESS | 2502 ROCKY PT DR STE 740 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33607 | 2.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARTER, CRAIG R. | 3.2 NAME | |
| STREET ADDRESS | 2502 ROCKY PT DR STE 740 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33607 | 3.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAUER, BRUCE F. | 4.2 NAME | |
| STREET ADDRESS | 2502 ROCKY PT DR STE 740 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33607 | 4.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILKINS, WILLIAM | 5.2 NAME | |
| STREET ADDRESS | 2502 ROCKY POINT DRIVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33607 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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: * *[Signature]* DATE: **1-6-97** 813.289.8808.123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)