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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

21

Suite, Apt. #, etc.

SUITE 640

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

SUITE 640

City & State

28

Zip

Country

29

30

4. FEI Number

58-1983584

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

9. Name and Address of Current Registered Agent

BOOTH, III, WILLIAM H
2502 ROCKY POINT DRIVE
SUITE 740
TAMPA FL 33607

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 607.0502 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]

(NOTE: Registered Agent signature required when reinstating)

DATE

1/2/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	BOOTH, WILLIAM H. III	2502 ROCKY PT DR STE 740	TAMPA FL 33607	<input type="checkbox"/>
VP	BROOKS, JEFFREY J.	2502 ROCKY PT DR STE 740	TAMPA FL 33607	<input type="checkbox"/>
ST	HARTER, CRAIG R.	2502 ROCKY PT DR STE 740	TAMPA FL 33607	<input type="checkbox"/>
VP	LAUER, BRUCE F.	2502 ROCKY PT DR STE 740	TAMPA FL 33607	<input type="checkbox"/>
VP	WILKINS, WILLIAM	2502 ROCKY POINT DRIVE	TAMPA FL 33607	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-97

813 289-8808 123

CR2E034 (9/96)