

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

FILED
Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S86406** (3)
1. Corporation Name
ABI COMPANIES OF GEORGIA, INC.



Principal Place of Business 2502 ROCKY POINT DRIVE SUITE 640 TAMPA FL 33607 US	Mailing Address 2502 ROCKY POINT DRIVE SUITE 640 TAMPA FL 33607 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/09/1991	
4. FEI Number 58-1983584		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent

**BOOTH, III, WILLIAM H
2502 ROCKY POINT DRIVE
SUITE 640
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	85 Zip Code
			FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	CEO / VP
NAME	BOOTH, WILLIAM H. III	1.2 NAME	
STREET ADDRESS	2502 ROCKY PT DR STE 740	1.3 STREET ADDRESS	Suite 640
CITY-ST-ZIP	TAMPA FL 33607	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	President
NAME	BROOKS, JEFFREY J.	2.2 NAME	
STREET ADDRESS	2502 ROCKY PT DR STE 740	2.3 STREET ADDRESS	Suite 640
CITY-ST-ZIP	TAMPA FL 33607	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	HARTER, CRAIG R.	3.2 NAME	
STREET ADDRESS	2502 ROCKY PT DR STE 740	3.3 STREET ADDRESS	Suite 640
CITY-ST-ZIP	TAMPA FL 33607	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	LAUER, BRUCE F.	4.2 NAME	
STREET ADDRESS	2502 ROCKY PT DR STE 740	4.3 STREET ADDRESS	Suite 640
CITY-ST-ZIP	TAMPA FL 33607	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	
NAME	WILKINS, WILLIAM	5.2 NAME	
STREET ADDRESS	2502 ROCKY POINT DRIVE	5.3 STREET ADDRESS	Suite 640
CITY-ST-ZIP	TAMPA FL 33607	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

CR2E034 (10/97)