

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V34456** (6)

1. Corporation Name

ABLAND, INC.

Principal Place of Business

**435 DOUGLAS AVENUE
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**435 DOUGLAS AVENUE
ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1992

3a. Date of Last Report

04/29/1994

4. FEI Number

59-3170790

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 G. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 375 Douglas Avenue

2a. Mailing Address

26 375 Douglas Avenue

Suite, Apt. #, etc.

22 Ste. 2005

Suite, Apt. #, etc.

27 Ste. 2005

City & State

23 Alt. Springs, Florida

City & State

28 Altamonte Springs, Fl.

Zip

24 32714

Country

Zip

29 32714

Country

30

9. Name and Address of Current Registered Agent

HATCHER, JOHN E. JR.

***131C**

ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name

Meadows, Stanley

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

83 375 Douglas Ave. Ste 2005

84 City

Alt. Springs

FL

85 Zip Code

32714

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Stanley Meadows

(DATE) (SIGNED) (Typed name of person required to sign)

(DATE)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1
TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PDST
MEADOWS, STANLEY
435 DOUGLAS AVE
ALTAMONTE SPRINGS FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

8000001465000

-04/26/95 --01040--007

******200.00 ****200.00**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SLW 4-24-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A), 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) changed, or on an attachment with an address.

SIGNATURE:

Stanley Meadows
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Signature) (Typed name)