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**95 MAY -1 PM 1:23**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 700121 (7)**

1. Corporation Name

**ABILITIES INC OF FLORIDA**

Principal Place of Business Mailing Address  
**2735 WHITNEY ROAD CLEARWATER FL 34620**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/06/1959** 3a. Date of Last Report **07/15/1994**  
4. FEI Number **59-0874493** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501 (c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**SANDONATO, WILLIAM JR  
2735 WHITNEY ROAD  
CLEARWATER FL 34620**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY - ST - ZIP  
AT TITUS, GARY S. 2023-C S. CAROLINA AVE. TAMPA FL  
D BOWLING, J C 2851 PHEASANT RUN CLEARWATER FL  
CD BOYLE, JACK W. 7 N. PINE CR. BELLEAIR FL  
SD SEALUND, BARBARA 2861 VERNON TERR LARGO FL  
P SANDONATO, WILLIAM JR 1856 BARCELONA DRIVE DUNEDIN FL  
TD CLARK, VAN J. 2837 HERON LN., N. CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1 1 TITLE 1 2 NAME  
1 2 NAME 1 3 STREET ADDRESS  
1 3 STREET ADDRESS 1 4 CITY - ST - ZIP  
2 1 TITLE 2 2 NAME  
2 2 NAME 2 3 STREET ADDRESS  
2 3 STREET ADDRESS 2 4 CITY - ST - ZIP  
3 1 TITLE 3 2 NAME  
3 2 NAME 3 3 STREET ADDRESS  
3 3 STREET ADDRESS 3 4 CITY - ST - ZIP  
4 1 TITLE **SD** 4 2 NAME **SOECHTIG, JACQUELINE**  Change  Addition  
4 2 NAME 4 3 STREET ADDRESS **2417 HUNTINGTON BLVD.**  
4 3 STREET ADDRESS 4 4 CITY - ST - ZIP **SAFETY HARBOR, FL 34695**  
4 4 CITY - ST - ZIP  
5 1 TITLE 5 2 NAME  
5 2 NAME 5 3 STREET ADDRESS  
5 3 STREET ADDRESS 5 4 CITY - ST - ZIP  
6 1 TITLE **TD** 6 2 NAME **PATRICK, KELLER**  Change  Addition  
6 2 NAME 6 3 STREET ADDRESS **2964 SANDPIPER PLACE**  
6 3 STREET ADDRESS 6 4 CITY - ST - ZIP **CLEARWATER FL 34622**  
6 4 CITY - ST - ZIP

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)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gary Titus, Assist. Treasurer* **GARY TITUS** 3/21/95 813-538-7370  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed) (Typed)