1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90035 016 \*\*\*150.00

1. Corporation	MENT # 455592 ASTENER CO., INC.											
Principal Place	of Business	Mailing Addres	s				i i faliti dia a) i	OLIOI BILEI BILIO II	1110 1101 <b>1</b> 1011 <b>1</b>			
6330 118TH AV		P. O. BOX 60										
P O BOX 60	C 11.	LARGO FL 3377	9									
LARGO FL 33773 US						-	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
US						ļ	3. Date Incorporate 06/28/1974	ed or Qualifed				
2 Principal P	lace of Business	2a, Mailing Add	iress			-	4. FEI Number			- An	plied For	
21	lace of Dustriess	26	J. 000				59-1531372				t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.								\$8.75	Additional	
22		27	27				5. Certificate of Sta	itus Desired		Fee Re	equired	
= City & State		City-&:State	9			==	6. Election Campa	ign Financing		\$5:00	May Be	=
23		28					Trust Fund Con	tribution	ب	Added	to Fees	
Zip	Country	Zip		Country		- 1	8. This corporation		rent year int		<b>—</b>	
24	25	29	30	<u> </u>			Personal Proper		<b>5</b> /	Yes	□No	
	9. Name and Address of Current	Registered Agent	<u> </u>	-	N	<del></del>	10. Name and Add	ress of New	Registered	Agent		
BHS	CH, STEVEN R			81	Name							
1494 HARBOR HILLS DR				82	Street A	Address	(P.O. Box Number	is Not Accept	able)	•		
	GO FL 34640			83								
	20.2010			63				_				
				84	City				FL	85 Zip	Code	
	to the provisions of Sections 607.0502	and 607 1509 Ele	rido Statutos	the above	-pamed (	COLDOLS	tion submits this sta	tement for the	nurnose of	changing its	registered	
office or n	egistered agent, or both, in the State o	if Florida. Such cha	nge was autho	orized by	the como	ration's	board of directors.	I hereby acce	pt the appoi	intment as re	gistered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 607	7.0505, Florida	Statutes	•							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Rec	nistered Agen	t signature re	equired wh	en reinstating)		DATE		<del> </del>	١.
12.	OFFICERS AND		<u> </u>	13.			ADDITIONS/CHA	NGES TO OF	FICERS AN	ND DIRECTO	ORS IN 12	3
TITLE	V		DELETE	1.1 TITLE						Change	☐ Addition	:
NAME	BUSCH, ROBERT			1.2 NAME								1
STREET ADDRESS	2223 PHILIPPINE DR. APT.31			1.3 STREET	ADDRESS							1
CITY-ST-ZIP	CLEARWATER FL 34623			1.4 CITY-S	T-ZIP							
TITLE	PST		DELETE	2.1 TITLE	- 1					☐ Change	☐ Addition	l '
NAME	BUSCH, STEVEN			2.2 NAME	ĺ							
STREET ADDRESS	1494 HARBOR HILLS DR	•		2.3 STREET	ADDRESS		,					
CITY-ST-ZIP	LARGO FL 33770		·	2. 4 CITY-5	T-ZIP						FT a salition	١.
TITLE	VP	<i>P</i>	DELETE	3.1 TITLE						Change	Addition	
NAME	JOHNSON, LAURIE	•		3.2 NAME								
STREET ADDRESS	15165 STRATTON MAJOR	•		3.3 STREET	1							}
CITY-ST-ZIP	CENTREVILLE VA 33770		DELETE	3.4. CITY-S 4.1 TITLE	T-ZIP		A 10051	K A . \		Change	Addition	ì
TITLE	ST DUCCH DATRICIA A	<b>ل</b> یبا	DELETE			Arc	E PRESI	DEW !		Containing		
NAME	BUSCH, PATRICIA A.			4.2 NAME								
STREET ADDRESS	1494 HARBOR HILLS DR LARGO FL 34640			4.3 STREET								
CITY-ST-ZIP	LANGU FL 34040		DELETE	4.4 CITY-S' 5.1 TITLE	1-ZIP		<del> </del>			Change	☐ Addition	1
}	•	Ь	OLLLI L	5.1 NAME	Į			-	,			
NAME STREET ADDRESS				5.3 STREET	ADDRESS							
1				5.4 CITY-S								
CITY-ST-ZIP TITLE			DELETE	6.1 TITLE						Change	☐ Addition	1
NAME		_		6.2 NAME	]			•				
STREET ADDRESS			:	6.3 STREE	ADORESS			٠.				1

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 of 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, of on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

727-546-8923