

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
Division of CORPORATIONS

APPROVED
AND
FILED

97 MAY -1 1996

DOCUMENT # **K50905** (4)

AUTOMATED OFFICE SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **4005 W. CYPRESS ST. TAMPA FL 33607 US**
Mailing Address: **4005 W. CYPRESS ST. TAMPA FL 33607 US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated in jurisdiction	3a. Date of this report
12/13/1988	05/01/1994
4. EIN Number	Applied Fee
59-2919369	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 to shareholders under 22(b)(3) of the Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIMONS, GARY
10451 OAK LEAF ST
LARGO FL 34644

B1. Name	B2. Street Address (or Post Office Box Number, if Not Applicable)	B3. City	B4. State	B5. Zip
			FL	

11. The agent, principal, or shareholder, as applicable, has signed this report in accordance with the applicable statute. The above information is applicable to maintain this statement for the purposes of determining responsibility for the corporation's compliance with the provisions of the Florida Statutes, Chapter 607, Part I, Florida Statutes, and the Florida Constitution, Article X, Section 10, Florida Constitution.

12. OFFICERS AND DIRECTORS

Name	Address	Position
P SIMONS, GARY 10451 OAK LEAF ST LARGO FL		President

Name	Address	Position
Kensley, Bruce J 3125 Resolu Court Tampa, FL 33615		Director

14. I, the undersigned, certify that the information supplied in this report is true and correct to the best of my knowledge and belief, and I am not aware of any information that would cause this report to be misleading or incomplete.

SIGNATURE: *Gary Simons*
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/94 1513 377 7900