

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

**APPROVED AND FILED**

95 MAY - 1 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE



CORPORATION  
ANNUAL REPORT  
1995

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

DOCUMENT # **K59719** (0)  
1. Corporation Name  
**AUTOMATED SERVICES INC.**

Principal Place of Business Mailing Address  
**2700 INDUSTRIAL AVE 3 FT PIERCE FL 34946** **2700 INDUSTRIAL AVE 3 FT PIERCE FL 34946**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/20/1989** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2b. Mailing Address  
21 Suite Apt #, etc 26 Suite Apt #, etc

4. FEI Number **65-0094640** Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip Country 28 Zip Country

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 25 29 30

8. This corporation has liability for intangible tax under S. 199.022, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**BRADSHAW, J. MARK  
579 BENEDICTINE TERRACE  
SEBASTIAN FL 32958**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (typed or printed name of registered agent as filed in applicable statute) (Typed Agent Signature required when necessary)

12. OFFICERS AND DIRECTORS	
TITLE	<b>OPT</b>
NAME	<b>BRADSHAW, J. M</b>
STREET ADDRESS	<b>579 BENEDICTINE TERR.</b>
CITY ST ZIP	<b>SEBASTIAN FL</b>
TITLE	<b>D</b>
NAME	<b>BRADSHAW, JOHN A.</b>
STREET ADDRESS	<b>356 HENTHORNE DR.</b>
CITY ST ZIP	<b>PALM SPRINGS FL</b>
TITLE	<b>D</b>
NAME	<b>BRADSHAW, TIMOTHY J</b>
STREET ADDRESS	<b>6574 N STATE RD. 7, #304</b>
CITY ST ZIP	<b>COCONUT CREEK FL</b>
TITLE	<b>D</b>
NAME	<b>ANTON, RALPH A.</b>
STREET ADDRESS	<b>8592 LONESOME PINE TRAIL</b>
CITY ST ZIP	<b>FT. PIERCE FL</b>
TITLE	<b>S</b>
NAME	<b>BRADSHAW, TERESA C.</b>
STREET ADDRESS	<b>579 BENEDICTINE TERRACE</b>
CITY ST ZIP	<b>SEBASTIAN FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ralph A. Anton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**RALPH A. ANTON**

4-29-95 (407) 461-3388  
Date Expires