

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **01/20/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0094640**
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 s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**BRADSHAW, J. MARK
579 BENEDICTINE TERRACE
SEBASTIAN FL 32958**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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. They do hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0306, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	BRADSHAW, J. M	
STREET ADDRESS	579 BENEDICTINE TERR.	
CITY-STATE-ZIP	SEBASTIAN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRADSHAW, JOHN A.	
STREET ADDRESS	356 HENTHORNE DR.	
CITY-STATE-ZIP	PALM SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRADSHAW, TIMOTHY J	
STREET ADDRESS	6574 N STATE RD. 7, #304	
CITY-STATE-ZIP	COCONUT CREEK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANTON, RALPH A.	
STREET ADDRESS	8592 LONESOME PINE TRAIL	
CITY-STATE-ZIP	FT. PIERCE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRADSHAW, TERESA C.	
STREET ADDRESS	579 BENEDICTINE TERRACE	
CITY-STATE-ZIP	SEBASTIAN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME:	
13 STREET ADDRESS:	
14 CITY-STATE-ZIP:	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	D MOLLY A. BRADSHAW
23 STREET ADDRESS:	396 PARK LANE
24 CITY-STATE-ZIP:	WEST PALM BEACH, FL 33461
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME:	
33 STREET ADDRESS:	
34 CITY-STATE-ZIP:	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	D. A. GERMEL BRADSHAW
43 STREET ADDRESS:	5709 QUEENSBURY CIRCLE
44 CITY-STATE-ZIP:	FREDERICKSBURG, VA 22408
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME:	
53 STREET ADDRESS:	
54 CITY-STATE-ZIP:	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME:	
63 STREET ADDRESS:	
64 CITY-STATE-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption states in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 or 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: *[Signature]* DATE: **3/13/96** (407) 461-3388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)