

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 APR 18 PM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P29291** (2)  
1. Corporation Name  
**ASBESTOS FREE, INC.**

Principal Place of Business Mailing Address  
**1111 ALDERMAN DR. SUITE 435**  
**ALPHARETTA GA 30302-4143**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/08/1990** 3a. Date of Last Report **03/30/1994**

4. FEI Number **58-1797927** 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**

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILSON, EVE B.**  
**4541 RING NECK ROAD**  
**ORLANDO FL 32808**

81 Name **Ronald L. Simmons**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**475 Monitor Street**  
83  
84 City **Merritt Island** FL 85 Zip Code **32952**

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Ronald L. Simmons* **Ronald L. Simmons** **4-14-95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>
NAME	<b>WASSON, THOMAS F.</b>
STREET ADDRESS	<b>3100 BROOKVIEW DRIVE</b>
CITY-ST-ZIP	<b>MARIETTA GA</b>
TITLE	<b>VD</b>
NAME	<b>WELCH, SANDRA O.</b>
STREET ADDRESS	<b>285 CLIPPER BAY DRIVE</b>
CITY-ST-ZIP	<b>ALPHARETTA GA</b>
TITLE	<b>D</b>
NAME	<b>WELCH, FENDALL E.</b>
STREET ADDRESS	<b>285 CLIPPER BAY DRIVE</b>
CITY-ST-ZIP	<b>ALPHARETTA GA</b>
TITLE	<b>S</b>
NAME	<b>GIBSON, NANCY</b>
STREET ADDRESS	<b>3736 JESICA TRACE</b>
CITY-ST-ZIP	<b>KENNESAW GA</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>R. Jack Jones</b>
1.3 STREET ADDRESS	<b>287 Mackinac Hollow</b>
1.4 CITY-ST-ZIP	<b>Lawrenceville, GA 30244</b>
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)(k), 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: *R. Jack Jones* **R. Jack Jones** **4/11/95** **404-740-9101**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #