

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA
32399-0001

SEARCHED
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INDEXED
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000084066 (7)**

ABSOLUTE SERVICES SOUTH, INC.

Principal Office Location: 5310 MCINTOSH PT. SANFORD FL 32773
 Mailing Address: 5310 MCINTOSH PT. SANFORD FL 32773

3. Date incorporated in this country		3a. Date of Last Report	
11/14/1994			
2. Principal Office Location	26. Mailing Address	4. FEI Number	Applied For
21. State Agency	26. P.O. Box 811	59-3302313	Not Applicable
22. City & State	27. State Agency	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State	28. OSTEEN, FL.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. City	25. Zip Code	29. 32764	30. VOLUSIA
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GOINS, JAMES O 5310 MCINTOSH PT. SANFORD FL 32773		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	
		85. Zip Code	

11. Pursuant to the provisions of Sections 607.0607 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN 12	
1. NAME	D GOINS, JAMES O 2648 BECHWITH ST. DELTONA FL 32738	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	D TOMLIN, EMORY K 17554 NORTH LAWN DETROIT MI 48211	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the laws of this State. I further certify that this information includes both the annual report or supplemental annual report as filed 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 this corporation or the removal or transfer contemplated to be made into this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: *James O. Goins* **JAMES O. GOINS, President 4/24/95** (407) 323-0252
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR