

**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  
FILED  
MAY 11 1995  
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

DO NOT WRITE IN THIS SPACE

3. Date Incorporation in Country: 11/14/1994  
 3a. Date of Last Report: Applied For Not Applicable  
 4. FEI Number: 54-3302313  
 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 is not subject to management by statute:  100% Florida Statutes  Yes  No

21. State of Incorporation: 26. Mailing Address: P.O. Box 811  
 22. State of Principal Office: 27. State of Mailing Address:  
 23. City & State: 28. City & State: OSTEEN, FL  
 24. Zip: 25. Secondary Zip: 29. Zip: 30. Country: VOLUSIA

9. Name and Address of Current Registered Agent  
**GOINS, JAMES O**  
**5310 MCINTOSH PT.**  
**SANFORD FL 32773**

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

1. NAME	D GOINS, JAMES O
2. STREET ADDRESS	2648 BECHWITH ST.
3. CITY, ST., ZIP	DELTONA FL 32738
4. NAME	D TOMLIN, EMORY K
5. STREET ADDRESS	17554 NORTH LAWN
6. CITY, ST., ZIP	DETROIT MI 48211
7. NAME	
8. STREET ADDRESS	
9. CITY, ST., ZIP	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. NAME	
14. STREET ADDRESS	
15. CITY, ST., ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN 12

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
3. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
5. STREET ADDRESS	
6. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	
8. STREET ADDRESS	
9. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. NAME	
14. STREET ADDRESS	
15. CITY, ST., ZIP	<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 the State of Florida. 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 a changed or new 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