

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND FILED

95 MAY 11 AM 2:27 PM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **441423** (1)

1. Corporation Name  
**D M P ASSOCIATES, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1400 GULFSHORE BLVD N NAPLES FL 33940</b>	Mailing Address <b>1400 GULFSHORE BLVD N NAPLES FL 33940</b>
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3. Date Incorporated or Qualified <b>12/07/1973</b>	3a. Date of Last Report <b>08/15/1994</b>
4. FEI Number <b>59-1496457</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>PHILLIPS, D M 1400 GULFSHORE BLVD N NAPLES FL 33940</b>		10. Name and Address of New Registered Agent	
		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 607.003(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to 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 authorized to and accept the provisions of Section 607.003(2), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	<b>PV PHILLIPS, (DENNIS M.) 611 JAGUNA CIRCLE NAPLES FL</b>	1. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1. NAME	
CITY & STATE		1. STREET ADDRESS	<b>3180 Rum Row</b>
CITY & STATE		1. CITY & STATE	
OFFICER	<b>S PHILLIPS NANCY K 611 JAGUNA CIRCLE NAPLES FL</b>	2. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. NAME	
CITY & STATE		2. STREET ADDRESS	<b>3180 Rum Row</b>
CITY & STATE		2. CITY & STATE	
OFFICER	<b>D PHILLIPS, NANCY K. 611 JAGUNA CIRCLE NAPLES FL</b>	3. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3. NAME	
CITY & STATE		3. STREET ADDRESS	<b>3180 Rum Row</b>
CITY & STATE		3. CITY & STATE	
OFFICER	<b>D PHILLIPS, DENNIS 611 JAGUNA CIRCLE NAPLES FL</b>	4. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4. NAME	
CITY & STATE		4. STREET ADDRESS	<b>3180 Rum Row</b>
CITY & STATE		4. CITY & STATE	
OFFICER		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5. NAME	
CITY & STATE		5. STREET ADDRESS	
CITY & STATE		5. CITY & STATE	
OFFICER		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6. NAME	
CITY & STATE		6. STREET ADDRESS	
CITY & STATE		6. CITY & STATE	

14. I, the undersigned, 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. I am an officer or director of the corporation or the receiver or trustee appointed to oversee this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or both, in attachment with an address.

SIGNATURE: *D.M. Phillips* **D.M. PHILLIPS** 4-27-95 813-263-0184  
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER ON DIRECTOR

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
Division of CORPORATIONS

APPROVED

DOCUMENT # **441809**

(1)

95 MAY 1 11:15

ASTRO LIMOUSINE SERVICE, INC.

REC'D  
TALLAHASSEE

Principal Place of Business: 7011 BAKER ROAD NEW PORT RICHEY FL 34653  
Mailing Address: 7011 BAKER ROAD NEW PORT RICHEY FL 34653

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 12/14/1973  
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22. State, Apt. #, etc.: 27  
23. City & State: 28

4. FEI Number: 59-1507452  
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

24. Zip: 25. Country: 29. Zip: 30. Country:

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

9. Name and Address of Current Registered Agent  
**DONNELLY, WILLIAM**  
7011 BAKER ROAD  
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent  
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 607.0502 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)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DONNELLY, WILLIAM W.
STREET ADDRESS	7011 BAKER ROAD
CITY, ST, ZIP	NEW PORT RICHEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(4)(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 of changed, or on an attachment with an address.

SIGNATURE: *William W. Donnelly*  
William W. Donnelly, President/Director

5/1/95 813/848-3262