CORPC ANNUAL	NOW: FILING FEE DOFIT DRATION REPORT	FLORIDA DEPAR Sandra B Secretar	TMENT OF STATE Mortnam Ty of State CORPORATIONS		
OCUMENT # 545944 (1)					
	ASS-CO, INC.	, ,			
y. p. L					
ncipal Place of I	Business	Maling Address			Biāli Địai địafi Biāli Biāli Alaz Điai Đại Địni lị
2426 PINE ISI 308 SPRING I		2426 PINE ISLAND C 308 SPRING FOREST	AVE		
JACKSONVILL US		JACKSONVILLE FL 3. US	2224	3. Date incorporated or Qualified	3a. Date of Last Report 04/28/1995
Principal Place	of Business	2a, Mailing Address		09/22/1977 4. FEI Number	Applied For
i intolpal r lace		26 2426 Pu	· Island Ct.	59-1781739	Not Applicab
Suite, Apt. #, 6	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	. 7.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	ZID ZID	Country	8. This corporation has liability	frintang ble tax under s. 199.032,
	25	29 3224	30 Dunal	Florida Statutes 🖫 Y	es 🔲 No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New	negistered Agent
	DNMLLE FL 32224	LCO2 (500 Florido Clabuto	84 City	ration submits this statement for the part of directors. Thereby accept the a	FL 85 Zip Code
or registered familiar with,	the provisions of Sections 607.0902 agent, or both, in the State of Flori and accept the obligations of, Sect			rd of directors. Thereby accept the ap	opointment as registered agent. I am
GNATURE.	number to be communited case, of reastered a rich		11. Regeltered Agent Septembre to juice	c where remarks of	CATE
Skj	n or he typed or pended care of registracity is a OF HOERS AN	and traditional to the DDIRECTORS	1) Registerer Agent Siquature require	c और कार्यक्रियां ADDITIONS/CHANGES TO C	CATE FFICERS AND DIRECTORS IN 12
S:{ 2. ILF	OF HOERS AN	and stand upper able (N4)	13.	ADDITIONS/CHANGES TO C	UATE
Z. Z. ILF	OFFICERS AN PD LASSITER, JAMES D.	and traditional to the DDIRECTORS	1) Registerer Agent Siquature require	CM CONSTRUCTIONS ADDITIONS CHANGES TO C	CATE FFICERS AND DIRECTORS IN 12
Sk; 2. ILE IME REET ADDRESS	OF HOERS AN	DEFEE	11. Registere: April signative reprire 13. 1 1 Title 12 NAME 13 STREET ADDRESS 14 CHY - ST-ZIP	awto-modulog ADDITIONS/CHANGES TO C	CATE FFICERS AND DIRECTORS IN 12 Change Addit-o
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Signal Z. ILE ME REET ADDRESS TY-SI-ZIF TLE WME	PD LASSITER, JAMES D. 2426 PINE ISLAND CT. JACKSONVILLE FL S LASSITER, CLAUDINE B.	DEFEE	13. 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST-ZIP 2 1 TITLE 2 2 NAME	and a mandal of ADDITIONS/CHANGES TO C	CATE FFICERS AND DIRECTORS IN 12 Change Addit-o
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SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H-10-96 904-223-4369

CR2E034 (12/95)