

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 18 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **767688** (5)

1. Corporation Name
ASGHSMO ASSEMBLY, INCORPORATED

Principal Place of Business Mailing Address
245 HOPSON ROAD P.O. BOX 6 FROSTPROOF FL 33843

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/25/1983** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1733796** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21. State, Apt. #, etc. 26. State, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

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

9. Name and Address of Current Registered Agent

**NELSON, PATRICIA
170 MIRACLE PLACE
FROSTPROOF FL 33843**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____

12. OFFICERS AND DIRECTORS

12.1 TITLE	PD
12.2 NAME	NELSON, JAMES C.
12.3 STREET ADDRESS	170 MIRACLE PLACE
12.4 CITY, ST, ZIP	FROSTPROOF FL
12.5 TITLE	SD
12.6 NAME	NELSON, PATRICIA A.
12.7 STREET ADDRESS	170 MIRACLE PLACE
12.8 CITY, ST, ZIP	FROSTPROOF FL
12.9 TITLE	D
12.10 NAME	HAMILTON, CAROLYN
12.11 STREET ADDRESS	32 ROOSEVELT AVE
12.12 CITY, ST, ZIP	FROSTPROOF FL
12.13 TITLE	D
12.14 NAME	BOYD, DAVID
12.15 STREET ADDRESS	11309 REGAL SQ
12.16 CITY, ST, ZIP	TAMPA FL
12.17 TITLE	D
12.18 NAME	MILLS, CLARENCE
12.19 STREET ADDRESS	56 KENNEDY CT
12.20 CITY, ST, ZIP	FROSTPROOF FL
12.21 TITLE	D
12.22 NAME	SHEPPARD, GLORIA
12.23 STREET ADDRESS	68 WASHINGTON TERR
12.24 CITY, ST, ZIP	FROSTPROOF FL

13. AGENTS (NAME AND ADDRESS OF EACH AGENT AND WHETHER CHANGE)

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, ST, ZIP		
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY, ST, ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY, ST, ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 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 Sections 119.02(4)(a), 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 trustee empowered to execute the report as required by Chapter 617, Florida Statutes, and that my name appears on Block 12 or Block 13 or changed or on an attachment with an address.

SIGNATURE: *Patricia A. Nelson* *PATRICIA H. NELSON* 3-3-95 813 635-2340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR