

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 767688 (5)

1. Corporation Name  
**ASGHSMO ASSEMBLY, INCORPORATED**



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

3. Date Incorporated or Qualified: 03/25/1983  
3a. Date of Last Report: 05/18/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1733796	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	Zip		<input type="checkbox"/>	
23	Country	29	Country	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		30			<input type="checkbox"/>	
24				8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NELSON, PATRICIA  
170 MIRACLE PLACE  
FROSTPROOF FL 33843

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD NELSON, JAMES C. 170 MIRACLE PLACE FROSTPROOF FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD NELSON, PATRICIA A. 170 MIRACLE PLACE FROSTPROOF FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D HAMILTON, CAROLYN 32 ROOSEVELT AVE FROSTPROOF FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BOYD, DAVID 11309 REGAL SQ TAMPA FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	DARRELL ANDREWS
STREET ADDRESS		4.3 STREET ADDRESS	10723 GLEN ELLEN
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMPA, FLORIDA 33624
TITLE	D MILLS, CLARENCE 56 KENNEDY CT FROSTPROOF FL	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	MILLS CLARENCE
STREET ADDRESS		5.3 STREET ADDRESS	30 TEMPLE COURT
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FROSTPROOF, FL 33843
TITLE	D SHEPPARD, GLORIA 68 WASHINGTON TERR FROSTPROOF FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	SANET HOBBS
STREET ADDRESS		6.3 STREET ADDRESS	28 MONROE STREET POB 1141
CITY-ST-ZIP		6.4 CITY-ST-ZIP	FROSTPROOF, FL 33843

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Patricia A. Nelson PATRICIA A. NELSON 4-29-96 941-635-4028  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone

CR2E037 (12/95)