

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 24 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 767688 (5)**  
 1. Corporation Name  
**ASGHSMO ASSEMBLY, INCORPORATED**

Principal Place of Business <b>245 HOPSON ROAD P.O. BOX 6 FROSTPROOF FL 33843</b>	Mailing Address <b>245 HOPSON ROAD P.O. BOX 6 FROSTPROOF FL 33843</b>
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3. Date Incorporated or Qualified  
**03/25/1983**

4. FEI Number <b>59-1733796</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NELSON, JAMES C.</b>	1.2 NAME	
STREET ADDRESS	<b>170 MIRACLE PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FROSTPROOF FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NELSON, PATRICIA A.</b>	2.2 NAME	
STREET ADDRESS	<b>170 MIRACLE PLACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FROSTPROOF FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMILTON, CAROLYN</b>	3.2 NAME	
STREET ADDRESS	<b>32 ROOSEVELT AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FROSTPROOF FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDREWS, DARRELL</b>	4.2 NAME	
STREET ADDRESS	<b>10723 GLEN ELLEN</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLS, CLARENCE</b>	5.2 NAME	
STREET ADDRESS	<b>30 TEMPLE COURT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FROSTPROOF FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOBBS, JANET</b>	6.2 NAME	
STREET ADDRESS	<b>28 MONROE STREET P.O. BOX 1141</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FROSTPROOF FL</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** 4-20-98 941 635-4028

CP2E037 (10/97)