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Mar 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767688

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/25/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1733796
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, JAMES C.	1.2 NAME	
STREET ADDRESS	170 MIRACLE PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, PATRICIA A.	2.2 NAME	
STREET ADDRESS	170 MIRACLE PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, CAROLYN	3.2 NAME	
STREET ADDRESS	32 ROOSEVELT AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, DARRELL	4.2 NAME	
STREET ADDRESS	10723 GLEN ELLEN	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, CLARENCE	5.2 NAME	
STREET ADDRESS	30 TEMPLE COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBBS, JANET	6.2 NAME	
STREET ADDRESS	28 MONROE STREET P.O. BOX 1141	6.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL	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)(l), 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, with all other like empowered.

SIGNATURE: *Patricia S. Nelson* **PATRICIA A. NELSON** 3-12-99 941 635-402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(1198)