

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 10 PM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F57023** (6)
1. Corporation Name
A S R CONSTRUCTION, INC.

Principal Place of Business Mailing Address
366 145 AVE. MADEIRA BCH. FL 33708 **366 145 AVE. MADEIRA BCH. FL 33708**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/23/1981** 3a. Date of Last Report: **07/12/1994**

4. FEI Number: **59-2144196** Applied For: Not Applicable:

5. Certificate of Status Desired: \$6.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

RICHARDS-MCCLAIN, SUSAN
366 145 AVENUE
MADEIRA BCH. FL 33708

10. Name and Address of Now Registered Agent

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME RICHARDS-MCCLAIN, SUSAN
STREET ADDRESS 366 145 AVE
CITY-ST-ZIP MADEIRA BEACH FL

TITLE VP
NAME MCCLAIN, KENNETH W.
STREET ADDRESS 366 145 AVE
CITY-ST-ZIP MADEIRA BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE Change Addition
1.2 NAME **President**
McClain, Kenneth W
1.3 STREET ADDRESS **366 145 Ave**
1.4 CITY-ST-ZIP **Madeira Bch FL 33708**

2.1 TITLE Change Addition
2.2 NAME **Vice President**
Richard S McClain, Susan
2.3 STREET ADDRESS **366 145 Ave**
2.4 CITY-ST-ZIP **Madeira Bch FL 33708**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 Section 110.07(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 appointed to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Susan Richards-McClain*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Susan Richards-McClain **2/1/95 (813)**
DATE