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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 SEP -8 AM 10:46

SECRETARY OF STATE TALLAHASSEE FLORIDA



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

Principal Place of Business 366 145 AVE. MADEIRA BCH. FL 33706 Mailing Address 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 10/07/1996 4. FEI Number 59-2144196 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [ ] No

2. Principal Place of Business 21 6880 46 Ave N. Suite #250 22 St Petersburg FL 23 33709 24 25 USA 2a. Mailing Address 26 6880 46 Ave N. Suite #250 27 St Petersburg FL 28 29 33708 30 USA

9. Name and Address of Current Registered Agent RICHARDS-MCCLAIN, SUSAN 366 145TH AVENUE MADEIRA BCH. FL 33708

10. Name and Address of New 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 reinstalling) DATE

12. OFFICERS AND DIRECTORS 1.1 TITLE PD 1.2 NAME MCCLAIN, KENNETH W 1.3 STREET ADDRESS 366 145TH AVENUE 1.4 CITY-ST-ZIP MADEIRA BEACH FL 33708 2.1 TITLE VPD 2.2 NAME RICHARDS-MCCLAIN, SUSAN 2.3 STREET ADDRESS 366 145TH AVE 2.4 CITY-ST-ZIP MADEIRA BEACH FL 33708

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 3.1 TITLE 3.2 NAME 000002288970--3 3.3 STREET ADDRESS -09/10/97--01040--017 3.4 CITY-ST-ZIP \*\*\*\*\*165.00 \*\*\*\*\*165.00 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE 9/7/97 813-541-3555

CR2E034 (4/97)

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Lib. # CG0021900

6880 46th AVE. N., ST. PETERSBURG, FLORIDA 33709

(813) 541-3555 FAX (813) 545-2280

**September 2, 1997**

**Division of Corporations  
Annual Reports Section  
P.O. Box 6327  
Tallahassee, Fl. 32314**

**To the Processor;**

**Enclosed is the annual report for our corporation along with a check for \$165.00. This is the first notice we've received this year for filing. The first notice never arrived for whatever reason, perhaps because all of our business mail is being forwarded to us by the Post Office.**

**I called your office and the lady answering the phone suggested I write to you regarding this and send you a check for the original filing fee amount.**

**We would greatly appreciate it if you would accept our check and report.**

**Sincerely,**

  
**Susan Richards-McClain  
V.P.**