

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -4 PM 2:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H90526 (5)
1. Corporation Name
ADVANCED SEPARATION TECHNOLOGIES INCORPORATED

Principal Place of Business Mailing Address
**% PAULINE M. FRY
ONE PROGRESS PLAZA P.O. BOX 33042
ST. PETERSBURG FL 33701-4306**
**% PAULINE M. FRY
ONE PROGRESS PLAZA P.O. BOX 33042 STE. 2600
ST. PETERSBURG FL 33701-4306**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/18/1985** 3a. Date of Last Report **03/25/1994**
4. FEI Number **59-2638277** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75** 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 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**FRY, PAULINE M.
ONE PROGRESS PLAZA
SUITE 2600
ST. PETERSBURG FL 33701**

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 date of appointment

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	KORPAN, RICHARD	1.2 NAME	
STREET ADDRESS	ONE PROGRESS PLAZA	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	1.4 CITY - ST - ZIP	
TITLE	DPCE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRYANT, DUDLEY E	2.2 NAME	
STREET ADDRESS	5315 GREAT OAK DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL 33801	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MCCONAMY, JOHN M.	3.2 NAME	
STREET ADDRESS	900 19TH STREET N.W.	3.3 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC	3.4 CITY - ST - ZIP	
TITLE	DC	4.1 TITLE	☐ Change ☐ Addition
NAME	CRITCHFIELD, JACK B.	4.2 NAME	
STREET ADDRESS	ONE PROGRESS PLAZA	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	☒ Change ☐ Addition
NAME	HEINICKA, JEFFREY R	5.2 NAME	
STREET ADDRESS	3201 34TH ST. S.	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33711	5.4 CITY - ST - ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	HALEY, KATHLEEN M.	6.2 NAME	
STREET ADDRESS	ONE PROGRESS PLAZA	6.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Kathleen M. Haley

KATHLEEN M. HALEY,
SECRETARY

3/3/95

(813)824-6531