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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

J12058

(0)

A.S.M. COMPUTING, INC.

Principal Place of Business Mailing Address

28 SEATROUT ST.
PONTE VEDRA BEACH FL 32082

3. Date Incorporated or Qualified 04/24/1986

3a. Date of Last Report 04/24/1986

| | | | | | 04/24/1986 | 04/25/1995 | |
|---|---------------------|-----------------------|------------------------|--------------------------|---|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Addre | 388 | 4. FEI Number 59-2682890 | Applied For Not Applicable | | |
| 22 | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| 23 | City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| 24 | Zip · | Country 25 | Ζ(p | Country 30 | Trovido Otolore | es 🔲 No | |
| | 9, Na | ame and Address of Cu | rrent Registered Agent | | 10. Name and Address of New | Registered Agent | |
| MCCARTHY, EDWARD, JR. 1238 FREDERICA PLACE | | | | 82 Stre | | | |
| JACKSONVILLE FL 32205 | | | 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 _ | | | It: Registered Agent signature required | when roustained DATE | |
|----------------|---------------------|-----------|---|---|--|
| | | | It: Ragistered Agent signature required | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 12. | DP OFFICERS AND DIF | DELETE | 1. 1 11) LE | Change Addition | |
| TITLE | | T) pecese | | C. Crongo C. Transon | |
| NAME | RUMMEL, RICHARD E. | | 1.2 NAME | | |
| STREET ADDRESS | 28 SEATROUT ST. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PONT VEDRA BEACH FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | D | DELETE | 2 1 TITLE | ☐ Change ☐ Addition | |
| NAME | RUMMEL, TERESA L. | | 2 2 NAME | | |
| STREET ADDRESS | 28 SEATROUT ST. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PONT VEDRA BEACH FL | | 2 4 CHTY-ST-ZiP | | |
| TITLE | | DELETE | 3 1 TITLE | Change Addition | |
| NAME | | | 3 2 NAME | | |
| STREET ADDRESS | | | 3.3. STREFT ADDRESS | | |
| CITY-ST-ZIP | | | 3 4 CITY - ST - ZIP | | |
| TITLE | | ☐ DELETE | 4. 1 TillE | Change Add-tion | |
| NAME | | | 4 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CHY-ST-ZIP | | |
| TITLE | | □ DELETE | 5 1 TITLE | ☐ Change ☐ Addition | |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 6. 1 TITLE | Change Addition | |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| | | | 0.4074 63 700 | | |

14. I do hereby certify that the information supplied with this filling is vo'untarily 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 if changed, or on an attachment with an address.

SIGNATURE

RICHARD E RUMMER SIGNING OFFICER OF DIRECTOR

5/2/96 904/448-06

CR2E034 (12/9)