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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:13

DOCUMENT # J48529 (8)

1. Corporation Name
THE ASENDORF ASSOCIATES, INC.

Principal Place of Business	Mailing Address
P O BOX 1171 OVIEDO FL 32765	P O BOX 1171 OVIEDO FL 32765

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/23/1986
3a. Date of Last Report: 04/29/1994

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

4. FEI Number: 59-2743736 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PICKFORD, SHIRLEY R 4 LAWN ST OVIEDO FL 32765	81 Name: PICKFORD, SHIRLEY R 82 Street Address (P.O. Box Number is Not Acceptable): 489 CAROLYN DR 83 84 City: OVIEDO FL 85 Zip Code: 32765

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: Shirley R Pickford SHIRLEY R. PICKFORD 2/11/95
(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	1.1 TITLE	P	☐ Change ☐ Addition
NAME	ASENDORF, JOHN J.	1.2 NAME	ASENDORF JOHN J	
STREET ADDRESS	4 LAWN ST	1.3 STREET ADDRESS	489 CAROLYN DR	
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	V	2.1 TITLE	VP	☐ Change ☐ Addition
NAME	PICKFORD, SHIRLEY R.	2.2 NAME	PICKFORD, SHIRLEY R	
STREET ADDRESS	4 LAWN ST	2.3 STREET ADDRESS	489 CAROLYN DR	
CITY-ST-ZIP	OVIEDO FL	2.4 CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Shirley R Pickford SHIRLEY R PICKFORD 2/11/95 407 359 8377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043200 CP