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FILED

Apr 08 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # J48529 (8)  
1. Corporation Name  
THE ASENDORF ASSOCIATES, INC.

Principal Place of Business

489 CAROLYN DR  
OVIEDO FL 32785

Mailing Address

P O BOX 62 1171  
OVIEDO FL 32762-1171



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	520 OLD MIMS RD	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	GENEVA FL	27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	32732	25	USA
29		30	

3. Date Incorporated or Qualified

12/23/1986

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PICKFORD, SHIRLEY R  
489 CAROLYN DRIVE  
OVIEDO FL 32785

81. Name

PICKFORD SHIRLEY R

82. Street Address (P.O. Box Number is Not Acceptable)

520 OLD MIMS RD

83.

GENEVA

84. City

FL

85. Zip Code

32732

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	ASENDORF, JOHN J.	1.2 NAME	ASENDORF JOHN J
STREET ADDRESS	489 CAROLYN DR	1.3 STREET ADDRESS	520 OLD MIMS RD
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP	GENEVA FL 32732
TITLE	VST	2.1 TITLE	VST
NAME	PICKFORD, SHIRLEY R.	2.2 NAME	PICKFORD SHIRLEY R
STREET ADDRESS	489 CAROLYN DRIVE	2.3 STREET ADDRESS	520 OLD MIMS RD
CITY-ST-ZIP	OVIEDO FL	2.4 CITY-ST-ZIP	GENEVA FL 32732
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

Shirley R Pickford

4/1/98 4073490078

CR2E034 (10/97)