FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **K08371** **(2)**

1. Corporation Name
FOUR STAR ASSOCIATES, INC.

Principal Place of Business	Mailing Address
C/O TED M. BECK 310 CHENEY HIGHWAY TITUSVILLE FL 32780-7273	C/O TED M. BECK 310 CHENEY HIGHWAY TITUSVILLE FL 32780-7273

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1987
3a. Date of Last Report: 02/21/1994

2. Principal Place of Business
21: 416 CHENEY HIGHWAY
Suite, Apt. #, etc. 22: —
City & State 23: TITUSVILLE, FLORIDA
Zip 24: 32780 Country 25: USA

2a. Mailing Address
26: 416 CHENEY HIGHWAY
Suite, Apt. #, etc. 27: —
City & State 28: TITUSVILLE, FLORIDA
Zip 29: 32780 Country 30: USA

4. FEI Number: 59-2951262 ☐ 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

BECK, TED M.
310 CHENEY HIGHWAY
TITUSVILLE FL

10. Name and Address of New Registered Agent

81 Name: SHAFFNER, PAMELA ANN
82 Street Address (P.O. Box Number is Not Acceptable): 3480 TODD LANE
83:
84 City: MIMS FL 85 Zip Code: 32754

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: Pamela Ann Shaffner — PAMELA ANN SHAFFNER (Registered Agent signature required when reinstating) — 5/10/95 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	PT, S, D ☒ Change ☐ Addition
NAME	BECK, TED M.	12 NAME	SHAFFNER, PAMELA ANN
STREET ADDRESS	4160 GROVEWOOD LANE	13 STREET ADDRESS	3480 TODD LANE
CITY ST ZIP	TITUSVILLE FL	14 CITY ST ZIP	MIMS, FL 32754
TITLE	DVS	21 TITLE	VP, D ☒ Change ☐ Addition
NAME	BECK, ELIZABETH R.	22 NAME	SHAFFNER, THEODORE L.
STREET ADDRESS	4160 GROVEWOOD LANE	23 STREET ADDRESS	3480 TODD LANE
CITY ST ZIP	TITUSVILLE FL	24 CITY ST ZIP	MIMS, FL 32754
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	BECK, ELIZABETH R.	32 NAME	
STREET ADDRESS	4160 GROVEWOOD LANE X DELETE	33 STREET ADDRESS	
CITY ST ZIP	TITUSVILLE FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: Pamela Ann Shaffner — SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — 5/20/95 (Date) (407)269-3000 (Daytime Phone #)

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