

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **K22697** (2)
1. Corporation Name
ADVANCED FASTENING CONCEPTS, INC.

Principal Place of Business Mailing Address
% PHILIP A. THARP **% PHILIP A. THARP**
1030 N. ORANGE AVE. S-104 **1030 N. ORANGE AVE. S-104**
ORLANDO FL 32801 **ORLANDO FL 32801**

3. Date Incorporated or Qualified 3a. Date of Last Report
04/26/1988 **05/01/1994**

4. FEI Number Applied For
59-2931550 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **26** **1602 N. Goldenrod Rd.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **27**

City & State City & State
23 **28** **Orlando, FL**

Zip Country Zip Country
24 **25** **29** **32807** **30** **Orange**

9. Name and Address of Current Registered Agent
THARP, PHILIP A.
1602 N. GOLDENROD ROAD
SUITE 104
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **85** Zip Code
FL

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when re-stating DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THARP, PHILIP A.	12. NAME	
STREET ADDRESS	1030 N. ORANGE AVE, #104	13. STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	14. CITY - ST - ZIP	
TITLE	VAS	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLAS J. DEGEL	22. NAME	
STREET ADDRESS	1602 N. GOLDENROD RD	23. STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	24. CITY - ST - ZIP	
TITLE	DP	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALE R. NICHOLS	32. NAME	
STREET ADDRESS	1602 N. GOLDENROD RD	33. STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	34. CITY - ST - ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), Florida Statutes. I further certify that the information included in 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 manager 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, changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4/20/95**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Optional) Title