

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 MAY - 1 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K70900

(1)

1. Corporation Name

BILL AULT SYSTEMS, INC.

Principal Place of Business

Mailing Address

% WILLIAM J. AULT
7066 STAPOINT CT.
WINTER PARK FL 32792-6680

% WILLIAM J. AULT
7066 STAPOINT CT.
WINTER PARK FL 32792-6680

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/07/1989

3a. Date of Last Report

08/26/1994

2. Principal Place of Business

21

Suite, Apt. #, etc

2a. Mailing Address

26

Suite, Apt. #, etc

4. FBI Number

59-2936682

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

24

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

AULT, WILLIAM J.
1300 FERN FOREST RUN
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

12. 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

(Signature) Printed or printed name of registered agent and title if applicable

(If 12) Registered Agent signature required when reappointing

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME AULT, WILLIAM J.
STREET ADDRESS 1300 FERN FOREST RUN
CITY, ST, ZIP OVIEDO FL

1.1 TITLE Vice President
1.2 NAME Joseph Ault
1.3 STREET ADDRESS 1300 Fern Forest Run
1.4 CITY, ST, ZIP Oviedo FL 32765

☒ Change ☐ Addition

TITLE DST
NAME AULT, BIDDIE
STREET ADDRESS 1300 FERN FOREST RUN
CITY, ST, ZIP OVIEDO FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

800001478873
-05/08/95--01050--021
****200.00 ****200.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is substantially furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information indicated on the 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 of this report, or on an attachment with an address.

SIGNATURE:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2/21/95 X (407)
657.0012