

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -4 PM 11:55

DOCUMENT # **L43238** (9)

1. Corporation Name

**ASI PRODUCTION SERVICES, INC.**

Principal Place of Business

Mailing Address

~~1140 RIO GRANDE AVE~~  
~~201 E PINE ST. #700~~  
~~ORLANDO FL 32805~~  
~~00~~

~~O/O MCGEE & PEREZ, P.A.~~  
~~201 E PINE ST., STE 700~~  
~~ORLANDO FL 32801-2720~~  
~~00~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**01/12/1990**

3a. Date of Last Report  
**04/29/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 **1140 S. Rio Grande Ave**

26 **200 S. Orange Ave.**

**59-2987935**

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

22

27 **Suite 2300**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

23

28

**Orlando, FL**

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

City & State

City & State

Zip

Country

Zip

Country

24 **32805**

25

29 **32801**

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCGEE & PEREZ, P.A.**  
**201 E PINE ST**  
**SUITE 700**  
**ORLANDO FL 32801**

81 Name

**A.G.C. Co.**

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

**500 S. Orange Avenue**

83

**Suite 2300**

84

**Orlando**

FL

85 Zip Code

**32801**

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 By:

**A.G.C. Co.**  
**Thomas E. Ball**  
**vice President**

**3-24-95**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                         |
|-----------------|-------------------------|
| TITLE           | <b>D</b>                |
| NAME            | <b>SMITH, JANET</b>     |
| STREET ADDRESS  | <b>2232 CONIFER AVE</b> |
| CITY - ST - ZIP | <b>WINTER PARK FL</b>   |
| TITLE           | <b>D</b>                |
| NAME            | <b>SMITH, DENNIS</b>    |
| STREET ADDRESS  | <b>2232 CONIFER AVE</b> |
| CITY - ST - ZIP | <b>WINTER PARK FL</b>   |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |                                                                   |
| 6.3 STREET ADDRESS  |                                                                   |
| 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 110.07(3)(k), 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:

**Janet C. Smith**

**Janet C. Smith 2/21/95 (407) 422-4387**

Print Name and Type or Printed Name of Signing Officer or Director

**BAKER  
&  
HOSTETLER**  
COUNSELLORS AT LAW

200 SOUTH ORANGE AVENUE • SUNBANK CENTER, SUITE 2300 • P.O. Box 112 • ORLANDO, FLORIDA 32802-0112 • (407) 649-4000  
FAX (407) 841-0168  
WRITER'S DIRECT DIAL NUMBER (407) 649-4063

March 24, 1995

Division of Corporations  
Annual Reports Section  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

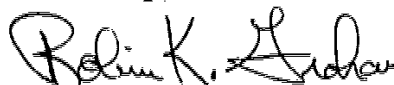
Re: ASI Production Services, Inc.  
Document #L43238

Dear Sir/Madam:

On behalf of the above-referenced corporation, enclosed are the 1995 Corporation Annual Report filing together with a check in the amount of \$200.00 for the filing fee.

Should you have any questions or problems with the filing, please immediately contact this office at the above-referenced Orlando number. Thank you for your assistance in this matter.

Sincerely,



Robin K. Graham  
Legal Assistant

Enclosures

cc: Janet C. Smith

24147/10574/arfile.ltr