

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L67949

(2)

1. Corporation Name

AUDIT SERVICES GROUP, INC.



Principal Place of Business

Mailing Address

% W. E. THOMPSON
109 E. CHURCH ST., SUITE BB
ORLANDO FL 32801

% W. E. THOMPSON
109 E. CHURCH ST., SUITE BB
ORLANDO FL 32801

3. Date Incorporated or Qualified

04/25/1990

3a. Date of Last Report

06/14/1995

2. Principal Place of Business Independent

2a. Mailing Address Independent

21 Bankers' Bank of Florida

25 Bankers' Bank of Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 109 E. Church St., Ste BB

27 109 E. Church St., Ste BB

City & State

City & State

23 Orlando, FL

28 Orlando, FL

Zip

Zip

Country

Country

24 32801

25 USA

29 32801

30 USA

4. FEI Number

59-3009560

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

10. Name and Address of New Registered Agent

THOMPSON, W.E.
109 EAST CHURCH ST.
SUITE BB
ORLANDO FL 32801

81 Name
Pillely, Dan R.

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

83 Suite BB

84 City
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

Dan R. Pillely

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
THOMPSON, W.E.
STREET ADDRESS
109 E. CHURCH ST., SUITE BB
CITY-ST-ZIP
ORLANDO FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
Pillely, Dan R.
1.3 STREET ADDRESS
109 E. Church Street, Suite BB
1.4 CITY-ST-ZIP
Orlando, FL 32801

TITLE ☐ DELETE

NAME
BUSCH, NOEL H.
STREET ADDRESS
109 E CHURCH ST SUITE BB
CITY-ST-ZIP
ORLANDO FL

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
D/P
Wulbern, John C.
2.3 STREET ADDRESS
109 E. Church Street, Suite BB
2.4 CITY-ST-ZIP
Orlando, FL 32801

TITLE ☐ DELETE

NAME
HUDSON, D.S., JR.
STREET ADDRESS
815 COLORADO AVE.
CITY-ST-ZIP
STUART FL

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
Hudson Jr., D.S.
3.3 STREET ADDRESS
815 Colorado Avenue
3.4 CITY-ST-ZIP
Stuart, FL 34995

TITLE ☐ DELETE

NAME
KURTZ, HOWARD E.
STREET ADDRESS
300 SUGARLAND HWY.
CITY-ST-ZIP
CLEWISTON FL

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
Kurtz, Howard E.
4.3 STREET ADDRESS
300 E. Sugar Lane Highway
4.4 CITY-ST-ZIP
Clewiston, FL 33440

TITLE ☐ DELETE

NAME
MIKELL, WW
STREET ADDRESS
108 S E AVE D
CITY-ST-ZIP
BELLE GLADE FL

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
Mikell, W. W.
5.3 STREET ADDRESS
108 SE Avenue D
5.4 CITY-ST-ZIP
Belle Glade, FL 33430

TITLE ☐ DELETE

NAME
MALLINI, G. THOMAS
STREET ADDRESS
2040 N.W. 67TH PL
CITY-ST-ZIP
GAINESVILLE FL

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
Mallini, G. Thomas
6.3 STREET ADDRESS
2040 NW 67 Place
6.4 CITY-ST-ZIP
Gainesville, FL 32602

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 indicated on this annual report or supplement 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)