SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -6 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M94797** **(1)**

1. Corporation Name
ASSET CONTROL SERVICES, INC.

Principal Place of Business	Mailing Address
5030 OLD KINGS ROAD JACKSONVILLE FL 32254 US	5030 OLD KINGS ROAD JACKSONVILLE FL 32201 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1988
3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-2907092 — 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 [illegible] Florida Statutes ☐ Yes ☐ No

21 Principal Place of Business	26 Mailing Address
11633 PHILLIPS HWY.	SAME
22 Suite, Apt. #, etc.: SUITE #1	27 Suite, Apt. #, etc.
23 City & State: JACKSONVILLE, FL.	28 City & State
24 Zip: 32256 — 25 County: DUVAL	29 Zip — 30 County

9. Name and Address of Current Registered Agent

DIBERARDINO, ROBERT C.
3151 W. BEAVER ST.
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — FL — 05 Zip Code

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 [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	DIBERARDINO, ROBERT C	12 NAME	
STREET ADDRESS	5030 OLD KINGS ROAD	13 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		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	

CR2E034 (395)

14. I (We) hereby certify that the information supplied with this filing is absolutely 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 added above.

SIGNATURE: Robert C. DiBerardino — 6/30/95 — 904-886-8321
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL MAKING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER

ROBERT C. DI BERARDINO

01127874 FF