SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $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

FILED
95 AUG -7 AM 11:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000004492 (2)**

1. Corporation Name
APPLICATION SYSTEMS GROUP, INC.

Principal Place of Business	Mailing Address
513 WILBER ST. BRANDON FL 33511	513 WILBER ST. BRANDON FL 33511

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/18/1994
3a. Date of Last Report: 06/19/94

2. Principal Place of Business	2a. Mailing Address
21 515 WILBER ST	26 515 WILBER ST.
Suite, Apt. #, etc. 22 515	Suite, Apt. #, etc. 27
City & State 23 BRANDON FL	City & State 28 BRANDON FL
Zip 24 33511	Zip 29 33511
County 25 USA	Country 30 USA

4. FEI Number: 59-3218976 ☐ 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
FULLER, MICHAEL D. 513 WILBER ST. BRANDON FL 33511	81 Name: FULLER, MICHAEL D. 82 Street Address (P.O. Box Number is Not Acceptable): 1201 LORNEWOOD DR 83 84 City: VALRICO FL 85 Zip Code: 33594

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: X _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	FULLER, MICHAEL D	12 NAME		
STREET ADDRESS	1201 LORNEWOOD DR.	13 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594	14 CITY-ST-ZIP		
TITLE	VTD	21 TITLE		☒ Change ☐ Addition
NAME	THOMAS, STEPHEN L	22 NAME	TERMINATED	
STREET ADDRESS	4116 E. EL CAMINO REAL	23 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33813	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☒ Change ☐ Addition
NAME	PRYOR, STEPHEN B	32 NAME	TERMINATED	
STREET ADDRESS	1405 PEACHFIELD DR.	33 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☒ Add
NAME		42 NAME	TERRY SWENSON	
STREET ADDRESS		43 STREET ADDRESS	155 SABAL PALM DR	
CITY-ST-ZIP		44 CITY-ST-ZIP	LONGWOOD, FL 32779	
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 (3/95)

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)(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 on an attachment with an address.

SIGNATURE: X Michael D. Fuller 6-28-95 (813) 684-7897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0007000 CP