

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90005 001 ****61.25

DOCUMENT # N97000007214

Corporation Name
ASK FIRST SOCIETY, INC.

Principal Place of Business
FOUR STAR FARM RD
FL 32577

Mailing Address
6081 FOUR STAR FARM RD
MOLINO FL 32577



Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified	
26		26	12/30/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	4. FEI Number	
27		27	59-3483826	
City & State		City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
28		28		
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25		29	30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
FRITTS, DOFIN A			81 Name	
6081 FOUR STAR FARM RD			82 Street Address (P.O. Box Number is Not Acceptable)	
MOLINO FL 32577			83	
			84 City	
			FL 85 Zip Code	

Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	HUNN, DUANE	1.2 NAME	
REET ADDRESS	P.O. BOX 526 N/A	1.3 STREET ADDRESS	
Y-ST-ZIP	KNOX IN 46534	1.4 CITY-ST-ZIP	
LE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	MENZIE, RON	2.2 NAME	
REET ADDRESS	944 HWY 64 W	2.3 STREET ADDRESS	
Y-ST-ZIP	BEEBE AZ 72012	2.4 CITY-ST-ZIP	
LE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME	FRITTS, DOFIN	3.2 NAME	
REET ADDRESS	6081 FOURS STAR FARM RD.	3.3 STREET ADDRESS	
Y-ST-ZIP	MOLINO FL 32577	3.4 CITY-ST-ZIP	
LE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Defin Fritts 20 March 99 8525272504

Date

Daytime Phone #

CR2E037 (11/98)