

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. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

95 JUL 31 PM 12:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000000564 (2)

1. Corporation Name

AUGUSTA FINANCIAL SERVICES, INC.

Principal Place of Business

**408 COLORADO AVE
STUART FL 34994**

Mailing Address

**408 COLORADO AVE
STUART FL 34994**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/04/1994

3a. Date of Last Report

4. FEI Number
59-3242635

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**KUER, KEVIN
408 COLORADO AVE
STUART FL 34994**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

(Signature: Typed or printed name of registered agent and fee if applicable)

(NAME: Registered Agent signature required when rechartering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
 NAME **KUER, KEVIN**
 STREET ADDRESS **5732 WINDSONG LANE UNIT #317**
 CITY ST ZIP **STUART FL 34997**

TITLE **D**
 NAME **JANUZZI, DAWN-MARIE**
 STREET ADDRESS **5732 WINDSONG LN UNIT #317**
 CITY ST ZIP **STUART FL 34997**

TITLE
 NAME
 STREET ADDRESS
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13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
 12 NAME
 13 STREET ADDRESS
 14 CITY ST ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY ST ZIP

31 TITLE ☐ Change ☐ Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY ST ZIP

41 TITLE ☐ Change ☐ Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
 62 NAME
 63 STREET ADDRESS
 64 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 199.07(3)(b), 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:

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

7/18/95
 Date

407-691-9588
 Telephone Number