FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000001036 (0)

1. Corporation Name
ADMINISTRATIVE SERVICES ONLY, INC.

Principal Place of Business	Mailing Address
530 1/2 OLD MAIN ST BRADENTON FL 34205 US	530 1/2 OLD MAIN ST BRADENTON FL 34205 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1993
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-3217359 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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

ROOT, CURTIS
2305 QUAIL COURT
BRADENTON FL 34209

10. Name and Address of New Registered Agent

81 Name: CLINE, MARGARET M.
82 Street Address (P.O. Box Number is Not Acceptable): 530 1/2 OLD MAIN ST.
83
84 City: BRADENTON, FL FL 85 Zip Code: 34205

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: MARGARET M. CLINE *Margaret M. Cline* 4/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	CLINE, MARGARET M	12 NAME	
STREET ADDRESS	3716 - 15TH AVE., W.	13 STREET ADDRESS	530 1/2 OLD MAIN STREET
CITY-ST-ZIP	BRADENTON FL	14 CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	SD	21 TITLE	☒ Change ☐ Addition
NAME	WRIGHT, MARTHA S	22 NAME	
STREET ADDRESS	2305 QUAIL COURT	23 STREET ADDRESS	530 1/2 OLD MAIN STREET
CITY-ST-ZIP	BRADENTON FL	24 CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	D	31 TITLE	☒ Change ☐ Addition DELETE
NAME	ROOT, CURTIS S	32 NAME	
STREET ADDRESS	2305 QUAIL COURT	33 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☑ Addition D
NAME		42 NAME	JOHN D. LEHMAN, JR
STREET ADDRESS		43 STREET ADDRESS	530 1/2 OLD MAIN ST.
CITY-ST-ZIP		44 CITY-ST-ZIP	BRADENTON, FL 34205
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	

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: *Margaret M. Cline* MARGARET M. CLINE 4/27/95 813-745-3626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0336761 CP