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FILED  
Mar 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000045808 (0)

1. Corporation Name

AUST & SONS, INC.



Principal Place of Business

Mailing Address

21228 HWY 33 NORTH 6055 Bloomer Rd  
POLK CITY FL 33868

2. Principal Place of Business

2a. Mailing Address

21 6055 Bloomer Rd

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
POLK CITY FL

27 City & State  
POLK CITY FL

23 Zip  
33868

Country  
USA

28 Zip  
33868

Country  
USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/15/1994

3a. Date of Last Report

07/18/1996

4. FEI Number

59-3386636

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

AUST, ABNER M JR

21228 HWY 33 NORTH - 6055 Bloomer Rd  
POLK CITY FL 33868

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 607.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME AUST, ABNER M JR  
STREET ADDRESS 21228 HWY 33 NORTH 6055 Bloomer Rd  
CITY-ST-ZIP POLK CITY FL 33868

☐ DELETE

TITLE  
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President  
1.2 NAME DORIS J AUST  
1.3 STREET ADDRESS 6055 Bloomer Rd  
1.4 CITY-ST-ZIP POLK CITY FL 33868

☐ Change

☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 Mar 1997  
941 984 1411

CR2E034 (9/96)