FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000058798 (7)**

1. Corporation Name
A.S.T.Q., INC.

Principal Place of Business
17274 SAN CARLOS BLVD.
SUITE 202
FT. MYERS BEACH FL 33931

Mailing Address
17274 SAN CARLOS BLVD.
SUITE 202
FT. MYERS BEACH FL 33931

3. Date Incorporated or Qualified: **08/08/1994**
3a. Date of Last Report: **02/06/1995**

2. Principal Place of Business
21 **19001 San Carlos Blvd**
Suite, Apt. #, etc.
22
City & State
23 **Fort Myers Beach**
Zip / Country
24 **33931** 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip / Country
29 30

4. FEI Number: **65-0511239** ☐ 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

ELLISON, LARRY D
17274 SAN CARLOS BLVD.
SUITE 202
FT. MYERS BEACH FL 33931

10. Name and Address of New Registered Agent

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(S) DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MCGUIGAN, MICHAEL
STREET ADDRESS 18196 DEEP PASSAGE LANE
CITY-ST-ZIP FT. MYERS BEACH FL 33931
☐ DELETE

TITLE D
NAME WELSH, ANDREW
STREET ADDRESS 9801 CYPRESS LAKE DR.
CITY-ST-ZIP FT. MYERS FL 33919
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

2-4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

3-4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

4-4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

5-4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

6-4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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 addition.

SIGNATURE: A. T. D. Welsh 2/26/96 463-9127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)