SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $278)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 17 AM 11:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000059956 (0)**

1. Corporation Name
ALL SERVICE TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
5440 LORI DRIVE. SOUTH JACKSONVILLE FL 32207	5440 LORI DRIVE. SOUTH JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1994
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: 59-3263165 ☐ 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

MUNCHER, VELMA I
5440 LORI DRIVE, SOUTH
JACKSONVILLE FL 32207

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	MUNCHER, VELMA I	1.2 NAME	MUNCHER, VELMA I.
STREET ADDRESS	5440 LORI DRIVE, SOUTH	1.3 STREET ADDRESS	5440 Lori Dr. South
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	Jacksonville Fl 32207
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MAYHEW, ROBERT O	2.2 NAME	
STREET ADDRESS	5440 LORI DRIVE, SOUTH DELETE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Vice President ☐ Change ☒ Addition
NAME		3.2 NAME	MAYHUGH ROBERT D.
STREET ADDRESS		3.3 STREET ADDRESS	3042 ALONSO ROAD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	JACKSONVILLE FL 32216
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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: Velma I. Muncher Velma I. Muncher 7-11-95 904 642 9944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0128600 FP