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Jan 23 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 # P95000051597 (9)

1. Corporation Name
ALLIED SERVICE GROUP, INC.



Principal Place of Business: 1353-56TH SQUARE EAST
VERO BEACH FL 32968
US

Mailing Address: P.O. BOX 7146
VERO BEACH FL 32961-7146

3. Date Incorporated or Qualified: 06/29/1995
3a. Date of Last Report: 06/17/1996
4. FEI Number: 59-3326688
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 15 35 - 56th Square East
Suite, Apt. #, etc.:
22 City & State:
23 Zip: 32966-2344 Country:
24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent: DAWKINS, DALE V
1535-56TH SQUARE EAST
VERO BEACH FL 32968

10. Name and Address of New Registered Agent: 81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83 City:
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 type: the printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	DAWKINS, DALE V	1535 - 56TH SQUARE EAST	VERO BEACH FL 32968	1.1 TITLE			
				1.2 NAME			
				1.3 STREET ADDRESS			
				1.4 CITY-ST-ZIP			
				2.1 TITLE			
				2.2 NAME			
				2.3 STREET ADDRESS			
				2.4 CITY-ST-ZIP			
				3.1 TITLE			
				3.2 NAME			
				3.3 STREET ADDRESS			
				3.4 CITY-ST-ZIP			
				4.1 TITLE			
				4.2 NAME			
				4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
				5.1 TITLE			
				5.2 NAME			
				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
				6.1 TITLE			
				6.2 NAME			
				6.3 STREET ADDRESS			
				6.4 CITY-ST-ZIP			

14. I 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] 1-15-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: [Signature] 1-15-97

CH2E034 (9/96)