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 # **S26603** **(8)**

1. Corporation Name

ASSOCIATED INSTALLATION SERVICES, INC.

Principal Place of Business

33918 E. LAKE JOANNA DRIVE
P O BOX 1963
EUSTIS FL 32726

Mailing Address

~~33918 E. LAKE JOANNA DRIVE~~
P O BOX 1963
EUSTIS FL 32726

3. Date Incorporated or Qualified: **02/01/1991**

3a. Date of Last Report: **01/19/1995**

4. FEI Number: **59-3062199** [ ] 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 [X] No

2. Principal Place of Business

21

22

23

24 329 | 25 County

2a. Mailing Address

26

27

28

29 Zip 32727 | 30 Country

9. **Name and Address of Current Registered Agent**

SNOKE, GORDON J.
33918 E LAKE JOANNA DR.
EUSTIS FL 32726

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.

12. OFFICERS AND DIRECTORS

[ ] DELETE
DP
SNOKE, GORDON J.
33918 E. LAKE JOANNA DR
EUSTIS FL

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP [ ] Change [ ] Addition

2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP [ ] Change [ ] Addition

3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP [ ] Change [ ] Addition

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

5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP [ ] Change [ ] Addition

6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP [ ] Change [ ] Addition

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 report or supplemental 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: Gordon J. Snoke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)