

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 3: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S35540 (1)

1. Corporation Name
AUSEM, INC.

Principal Place of Business
3491-11 THOMASVILLE ROAD
#222
TALLAHASSEE FL 32308

Mailing Address
3491-11 THOMASVILLE ROAD
#222
TALLAHASSEE FL 32308

500001475415
-05/04/95--01026--025
****208.75 ****208.75

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/05/1991	3a. Date of Last Report 03/02/1994
4. FEI Number 59-3052849	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	
6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent

O'LEARY, PATRICK G.
249 JOHN KNOX ROAD
2ND FLOOR
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 City	

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, 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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☒ Change ☐ Addition
NAME	CHANDLER, PORTER E.	1.2 NAME	
STREET ADDRESS	536 FRANK SHAW RD.	1.3 STREET ADDRESS	
CITY, ST, ZIP	TALLAHASSEE FL	1.4 CITY, ST, ZIP	32312
TITLE	DVS	2.1 TITLE	☒ Change ☐ Addition
NAME	O'LEARY, PATRICK G.	2.2 NAME	
STREET ADDRESS	6130 BORDERLING DR.	2.3 STREET ADDRESS	249 JOHN KNOX ROAD # 201
CITY, ST, ZIP	TALLAHASSEE FL	2.4 CITY, ST, ZIP	32303
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
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	

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)(b), 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 the 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:

Patrick G. O'Leary
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Patrick G. O'Leary

Date

4/21/95

Chapter 607