

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000061671 (2)**

1. Corporation Name  
**AASE, INCORPORATED**



Principal Place of Business: **RURAL ROUTE 3, BOX 2619 QUINCY FL 32351**  
Mailing Address: **RURAL ROUTE 3, BOX 2619 QUINCY FL 32351**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>09/03/1993</b>	3a. Date of Last Report <b>04/24/1995</b>
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number <b>58-2074552</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contributor <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**AASE, GEORGE E  
ROUTE 3 BOX 2619  
QUINCY FL 32351**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME	PS AASE, PAUL T	<input type="checkbox"/> DELETE
2. STREET ADDRESS	<del>2417 GLENWOOD DR NE</del>	
3. CITY, ST, ZIP	<del>ATLANTA FL</del>	
4. TITLE		<input type="checkbox"/> DELETE
5. NAME		
6. STREET ADDRESS		
7. CITY, ST, ZIP		
8. TITLE		<input type="checkbox"/> DELETE
9. NAME		
10. STREET ADDRESS		
11. CITY, ST, ZIP		
12. TITLE		<input type="checkbox"/> DELETE
13. NAME		
14. STREET ADDRESS		
15. CITY, ST, ZIP		
16. TITLE		<input type="checkbox"/> DELETE
17. NAME		
18. STREET ADDRESS		
19. CITY, ST, ZIP		
20. TITLE		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	1042 St. Charles Ave, # 10
4. CITY, ST, ZIP	Atlanta, GA 30306
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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)(k), 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: *Paul T. Aase* (PAUL T. AASE) 2/12/96 (770) 840-9395  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)