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 MAY -1 AM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **313672** **(8)**

1. Corporation Name

ASHLON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
7040 GARDINER ST. MILTON FL 32583-5458	7040 GARDINER ST. MILTON FL 32583-5458

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/10/1967
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business
21: Milton, Fla.
22 Suite, Apt. #, etc.: 7040 W. Gardiner St
23 City & State: Milton, Fla.
24 Zip: 32583
25 Country: U.S.

2a. Mailing Address
26: Same
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 59-1160262 ☐ 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

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

8. Name and Address of Current Registered Agent

MORAN,ALBERT N
7040 W. GARDINER STREET
MILTON FL 32583

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	VT	1.1 TITLE	☐ Change ☐ Addition
NAME	MORAN,ALBERT N	1.2 NAME	
STREET ADDRESS	7040 W. GARDINER STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	MORAN,SHARON	2.2 NAME	
STREET ADDRESS	7040 W. GARDINER STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BROOKS, HOPE J	3.2 NAME	
STREET ADDRESS	7040 W. GARDINER STREET	3.3 STREET ADDRESS	
CITY ST-ZIP	MILTON FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MORAN, F NEAL	4.2 NAME	
STREET ADDRESS	7040 W. GARDINER STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MORAN, LORI A.	5.2 NAME	
STREET ADDRESS	7040 W. GARDINER STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	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)(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 above, or on an attachment with an address.

SIGNATURE: A. N. Moran Treas. 4/5/95 904-623-4379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR2200 CP