


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90004 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F42014 ✓
 1. Corporation Name
ASHLEY CONSULTING, Inc.

Principal Place of Business 3621 BELFAST DR Tallahassee, Fla 32308	Mailing Address PO Box 13679 Tall. Fl. 32317
--	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3621 Belfast Drive	2a. Mailing Address 26 PO Box 13679, Tall. Fl. 32317	4. FEI Number 59 2107520	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 Tallahassee, Fla	City & State 28 Tall. Fl.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 32308	Country 25 USA	Zip 29 32317	Country 30
9. Name and Address of Current Registered Agent		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent Don Ashley same as (2A)		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 J. Don Ashley Don Ashley 7.26.99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. Don Ashley	1.2 NAME	
STREET ADDRESS	President	1.3 STREET ADDRESS	
CITY-ST-ZIP	Same as (2A)	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pamela Ashley	2.2 NAME	
STREET ADDRESS	Secretary	2.3 STREET ADDRESS	
CITY-ST-ZIP	Same as 2A	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: J. Don Ashley J. Don Ashley 7.26.99 850 8936869
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)



ASHLEY ASSOCIATES, INC.
P.O. Box 13679, Tallahassee, Florida 32317
(850) 893-6869
FAX (850) 893-9376

F42014
599413-90004-25

July 26, 1999

Division of Corporations
Florida Department of State
PO Box 1500
Tallahassee, Florida 32302-1500

RE: 1999 Filing

Dear Sir:

We did not receive this first filing form as we have for the past 12 years or so. I did receive this 2nd late filing notice and was advised that this letter is all that's needed to pay the original fee of \$150 like we have for the past 12 years. I will make sure the mailing address does not show the PO Box number as well since it showed the PO Box number and our physical mailing address with a different zip code number. Please let me know if you need any information.

Sincerely,

Pam Ashley