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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

## DOCUMENT # **F97000002936**1. Corporation Name

ASHLEY WORLDWIDE, INC.

NAPLES FL 34110-7959

ASTILLT WOILDWIDE, ING.						
Principal Place of Business Mailing Address				Common city (gill iggel agent water water water water save years in the save i		
202 LINCOLNWAY E. MISHAWAKA IN 46544	202 LINCOLNWAY E. MISHAWAKA IN 46544		DO NOT WRITE IN THIS SPACE			
				<ol> <li>Date incorporated or Qualified</li> <li>06/05/1997</li> </ol>		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21	26			35-1053410	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip 30	Count	ry	This corporation owes the current year In Personal Property Tax.	tangible ☐ Yes ☐ No	
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
BOWLES, PAUL R		8		ress (P.O. Box Number is Not Acceptable)		

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

84 City

• •	m familiar with, and accept the obligations of, Section				1				
SIGNATURE 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					
TITLE	PDC	DELETE	1.1 TITLE	☐ Change	☐ Addition				
NAME	Gerber, Terry L		1.2 NAME						
STREET ADDRESS	1417 OLIVIA CIRCLE		1.3 STREET ADDRESS						
CITY-ST-ZIP	SOUTH BEND IN 46614		1.4 CITY-ST-ZIP						
TILÉ	SDC	☐ DELÉTE	2.1 TITLE	Change	☐ Addition				
NAME	GERBER, NANCY D		2.2 NAME						
STREET ADDRESS	1417 OLIVIA CIRCLE		2.3 STREET ADDRESS						
CITY-ST-ZIP	SOUTH BEND IN 46614		2.4 CITY-ST-ZIP						
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change	Addition :				
NAME	GERBER, JASON R		3.2 NAME						
STREET ADDRESS	1417 OLIVIA CIRCLE		3.3 STREET ADDRESS						
CITY-ST-ZIP	SOUTH BEND IN 46614		3.4. CITY-ST-ZIP						
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition				
NAME			4, 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		DELETE	5.1 TITLE	Change	☐ Addition				
NAME			5.2 NAME						
STREET ADDRESS	•		5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition				
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
			0.4.000/.07.7/0						

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 empowers 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 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 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 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 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 supplied with the information indicated on the same legal effect as if made under oath; that I am an office or director of the corporation or the receiver or trustee empowers and the property of the corporation of the corporation or the receiver or trustee empowers and the property of the corporation of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation

SIGNATURE:

ARED

Zip Code

85