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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P93000031334 (4)

ASH ENGINEERING, INC.

Principal Place of Business

Mailing Address

FILED Feb 02 1998 8:00am Secretary of State



4905 8 WESTS TAMPA FL 336 US		4905 S WESTSHORE TAMPA FL 33611 US		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 04/28/1993	SPACE ·
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 //07	E. JACKSON	26 1107 E. JAC	LISON	59-3179134	Not Applicable
Suite Apt. (te 200	Suite, Apt. #, etc. 27 Suite 200		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	NPA FL	City & State 28 Tampa	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 336	02 ZE USA		Country USA		Yes No
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
ASH, JANICE S 81 Name					
ST PETERSBURG FL 33704				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					
	Signature, typed or punted name of registernd agen		Registered Agent signature rec		
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
TITLE	DPTS	☐ better	1.1 TITLE		CHange Chaution
NAME	ASH, JANICE S		1.2 NAME		
STREET ADDRESS	216 17TH AVE N ST PETERSBURG FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	SI PETENSBONG PL	DELETÉ	1.4 C(TY - ST - Z)P 2.1 TITLE		Change Addition
NAME		build believe	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-7iP	N.	
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - \$T - ZIP		-
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		1
STREET ADDRESS			4.3 STREET ADDRESS		į
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		Ì
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		
CITY-ST-ZIP			6.4 CITY - ST - ZIP	in Section 110 07/0V/) Elevide Statutes I further or	

4. 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.

CR2E034 (10/97