

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000040266 (5)**

1. Corporation Name

ASHLEY INVESTMENTS, INC.



Principal Place of Business

Mailing Address

**909 BEDFORD AVENUE
ALTAVISTA VA 24517**

**909 BEDFORD AVENUE
ALTAVISTA VA 24517**

2. Principal Place of Business

2a. Mailing Address

21 **5229 E FOXHUNT DR.**
Suite, Apt. #, etc.

26 **P.O. Box 7364**
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **GREENSBORO, NC**
City Country

28 **GREENSBORO, NC**
City Country

24 **27407**
Zip

25 **USA**
Country

29 **27417**
Zip

30 **USA**
Country

9. Name and Address of Current Registered Agent

**SAVARY, JOHNSON S
240 S. PINEAPPLE AVENUE
9TH FLOOR
SARASOTA FL 34236**

3. Date Incorporated or Qualified

05/22/1995

3a. Date of Last Report

4. FCI Number

58-2180256

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 607.0200 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 607.0200, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1 TITLE	D	<input checked="" type="checkbox"/> DELETE
12.2 NAME	KAROLY, ERNY M	
12.3 STREET ADDRESS	909 BEDFORD AVENUE	
12.4 CITY-STATE-ZIP	ALTAVISTA VA 24517	
12.5 TITLE		<input type="checkbox"/> DELETE
12.6 NAME		
12.7 STREET ADDRESS		
12.8 CITY-STATE-ZIP		
12.9 TITLE		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY-STATE-ZIP		
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	PRESIDENT, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	KAROLY, ERNY M.	
13.3 STREET ADDRESS	5229 E. FOXHUNT DR.	
13.4 CITY-STATE-ZIP	GREENSBORO, NC 27407	
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY-STATE-ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY-STATE-ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied was truthfully furnished and does not qualify for the exemption stated in Section 119.07(4)(c), 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 trustee 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 change, or on an attachment with an address.

SIGNATURE: *Erny M. Karoly* PRESIDENT 3/13/96 910-274-4412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER

CR2E034 (12/95)