

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000028114

Entity Name: ASHMEAD & WHITE SERVICES, INC.**Current Principal Place of Business:**255 ARAGON AVE.
THIRD FLOOR
CORAL GABLES, FL 33134**Current Mailing Address:**255 ARAGON AVE.
THIRD FLOOR
CORAL GABLES, FL 33134 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOORE & CO., P.A.
255 ARAGON AVE.
THIRD FLOOR
CORAL GABLES, FL 33134 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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| Title | D |
| Name | LOTT, LESLIE J |
| Address | 255 ARAGON AVENUE 3RD FLOOR |
| City-State-Zip: | CORAL GABLES FL 33134 |

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|-----------------|--------------------------------|
| Title | S |
| Name | LOTT, LESLIE J |
| Address | 255 ARAGON AVENUE 3RD FLOOR |
| City-State-Zip: | CORAL GABLES FL 33134 |

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| Title | P |
| Name | LOTT, LESLIE J |
| Address | 255 ARAGON AVENUE 3RD FLOOR |
| City-State-Zip: | CORAL GABLES FL 33134 |

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| Title | T |
| Name | LOTT, LESLIE J |
| Address | 255 ARAGON AVENUE 3RD FLOOR |
| City-State-Zip: | CORAL GABLES FL 33134 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LESLIE J LOTT**DIRECTOR****01/13/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date