FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **313672** **(8)**

1. Corporation Name

ASHLON ENTERPRISES, INC.

Principal Place of Business

7040 GARDINER ST.
7040 W. GARDINER STREET
MILTON FL 32583
US

Mailing Address

7040 GARDINER ST.
MILTON FL 32583-5458

3. Date Incorporated or Qualified: **02/10/1967**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: **59-1160262** 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

9. **Name and Address of Current Registered Agent**

MORAN,ALBERT N
7040 W. GARDINER STREET
MILTON FL 32583

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 (Signature (signature) or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required for new registration) DATE

12. OFFICERS AND DIRECTORS

TITLE	V T	☐ DELETE
NAME	MORAN,ALBERT N	
STREET ADDRESS	7040 W. GARDINER STREET	
CITY-ST-ZIP	MILTON FL	
TITLE	P	☐ DELETE
NAME	MORAN,SHARON	
STREET ADDRESS	7040 W. GARDINER STREET	
CITY-ST-ZIP	MILTON FL	
TITLE	D	☐ DELETE
NAME	BROOKS, HOPE J	
STREET ADDRESS	7040 W. GARDINER STREET	
CITY-ST-ZIP	MILTON FL	
TITLE	D	☐ DELETE
NAME	MORAN, F NEAL	
STREET ADDRESS	7040 W. GARDINER STREET	
CITY-ST-ZIP	MILTON, FL 00000	
TITLE	D	☐ DELETE
NAME	MORAN, LORI A.	
STREET ADDRESS	7040 W. GARDINER STREET	
CITY-ST-ZIP	MILTON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: A.N. MORAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/96 Date

904-623-4379 Daytime Phone #

CR2E034 (12/95)