

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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90082 037 ***150.00

DOCUMENT # 436663

1. Corporation Name
AL ASH REALTY, INC.

Principal Place of Business
5316 TROUBLECREEK RD.
NEW PORT RICHEY FL 34652

Mailing Address
5316 TROUBLECREEK RD.
NEW PORT RICHEY FL 34652



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/21/1973

4. FEI Number
59-1577987

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UZZLE, STEVE R.
6302 MONTANA AVE
NEW PORT RICHEY FL 34653

81 Name Uzzle Steve R.
82 Street Address (P.O. Box Number is Not Acceptable)
5316 TROUBLE CREEK RD.
83 New Port Richey, FL 34652
84 City FL 85 Zip Code 34652

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V
NAME UZZLE, SANDRA S.
STREET ADDRESS 6802 MONTANA AVE
CITY-ST-ZIP NEW PORT RICHEY FL ☒ DELETE

TITLE P
NAME UZZLE, STEVE R.
STREET ADDRESS 6302 MONTANA AVE
CITY-ST-ZIP NEW PORT RICHEY FL ☒ DELETE

TITLE ST
NAME KARAY, BEVA S.
STREET ADDRESS 5719 LAFAYETTE STREET
CITY-ST-ZIP NEW PORT RICHEY FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V. UZZLE SANDRA S. ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 5316 TROUBLE CREEK RD.
1.4 CITY-ST-ZIP New Port Richey, FL 34652

2.1 TITLE P. UZZLE STEVE R. ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 5316 TROUBLE CREEK RD.
2.4 CITY-ST-ZIP New Port Richey, FL 34652

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 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, with all other like empowered.

SIGNATURE: Phos. Steve R. Uzzle 4/28/99 727 849-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

0501353