

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

APPROVED
AND
FILED

1998 MAY 13 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 517147 (5)
1. Corporation Name
ASH PROPERTIES, INC.

Principal Place of Business Mailing Address
13947 Beach Boulevard, Suite 210
Jacksonville, FL 32224
13947 Beach Blvd.,
Suite 210, Jacksonville, FL

DO NOT WRITE IN THIS SPACE

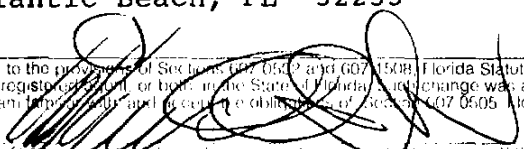
2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	32224 10/25/1976
4. FEI Number	59-1741826
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 owes or has paid the current year Intangible Personal Property Tax due June 30	☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Ash, Mike
2294-24 Mayport Road
Atlantic Beach, FL 32233

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
Ash, Mike
13947 Beach Blvd., Suite 210
Jacksonville
FL 32224

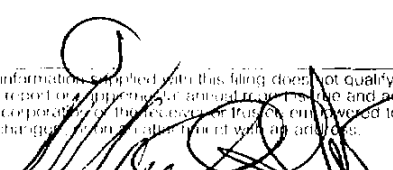
11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fully aware and accept the obligations of Section 607.05(5), Florida Statutes.

SIGNATURE  **Mike Ash** DATE **5/13/98**

12. OFFICERS AND DIRECTORS	
TITLE	PD ☐ DELETE
NAME	Ash, Mike
STREET ADDRESS	469-9 Atlantic Blvd.
CITY-ST-ZIP	Atlantic Bch, FL 00000
TITLE	D ☐ DELETE
NAME	Ashourian, Elaine
STREET ADDRESS	2294-24 Mayport Road
CITY-ST-ZIP	Jacksonville, FL
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	
11 TITLE	PD ☒ Change ☐ Addition
12 NAME	Ash, Mike
13 STREET ADDRESS	13947 Beach Blvd., Suite 210
14 CITY-ST-ZIP	Jacksonville, FL 32224
21 TITLE	D ☒ Change ☐ Addition
22 NAME	Ashourian, Elaine
23 STREET ADDRESS	13947 Beach Blvd., Suite 210
24 CITY-ST-ZIP	Jacksonville, FL 32224
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	100002523461--7
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 filing 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 from the information of the previous year.

SIGNATURE:  **Mike Ash** DATE **5/13/98 (904) 249-5000**

CR2E034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 817768 10911A

AUTHORIZATION :

Patricia Kizub

COST LIMIT : \$ 558.75

ORDER DATE : May 13, 1998

ORDER TIME : 12:12 PM

ORDER NO. : 817768-005

CUSTOMER NO: 10911A

CUSTOMER: Cheryl Sassard, Legal Asst
Ansbacher & Schneider, P.a.
Suite 100
4215 Southpoint Boulevard
Jacksonville, FL 32216

ANNUAL REPORT FILING

NAME: ASH PROPERTIES, INC.

RECEIVED
MAY 13 2:48 PM
SECRETARY OF STATE
CORPORATIONS
DIVISION
TALLAHASSEE, FLORIDA

ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ☐ CERTIFIED COPY
XX ☐ PLAIN STAMPED COPY
XX ☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lynette Coleman

EXAMINER'S INITIALS: _____