

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

**FILED**  
**Mar 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1997



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

**DOCUMENT # 667730**

**(6)**

1. Corporation Name  
**ASHWOOD HOMES, INC.**

Principal Place of Business

**821 HANAU AVE NW  
 PALM BAY FL 32907**

Mailing Address

**821 HANAU AVE NW  
 PALM BAY FL 32907-8330**

3. Date Incorporated or Qualified  
**04/30/1980**

3a. Date of Last Report  
**04/17/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**59-2608581**

Applied For  
 Not Applicable

21. State, Apt. #, etc.

26. State, Apt. #, etc.

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

22. City & State

27. City & State

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

23. Zip

Country

28. Zip

Country

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

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

**WALES, JOHN R.  
 821 HANAU AVE NW  
 PALM BAY FL 32907**

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 type for provisions of Section 607.0505 and 607.1508, Florida Statutes

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	VTD	<input type="checkbox"/> DELETE
12.2 NAME	WALES, FRANCES	
12.3 STREET ADDRESS	821 HANAU AVE NW	
12.4 CITY-STATE-ZIP	PALM BAY FL	
12.5 TITLE	PST	<input type="checkbox"/> DELETE
12.6 NAME	WALES, JOHN	
12.7 STREET ADDRESS	821 HANAU AVE NW	
12.8 CITY-STATE-ZIP	PALM BAY FL	
12.9 TITLE	T	<input type="checkbox"/> DELETE
12.10 NAME	WALES, JOHN R JR	
12.11 STREET ADDRESS	821 HANAU AVE NW	
12.12 CITY-STATE-ZIP	PALM BAY FL	
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-STATE-ZIP		
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY-STATE-ZIP		

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY-STATE-ZIP		
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 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.

SIGNATURE: *John Wales*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John Wales** 3-15-97 407-7258319  
 Date Date/Time

CR2E034 (9/96)