## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #** 

1. Corporation Name

F92353

(4)

ASHLEY'S TRAILER & EQUIPMENT, INC.

Principal Place of Business Mailing Address								-   I TORINGE AND TOUCH ALOUD HAIDA DAIDE	I PARK DIDIL DIDIL BUBIK DII	III BIJII BIBII IADI	
130 N. LANE AVENUE P.O. BOX 6747 JACKSONVILLE FL 32254 US				130 N. LANE AVENUE P.O. BOX 6747 JACKSONVILLE FL 32254 US					Date Incorporated or Qualified	3a. Date of Last Re	hode
		00					09/01/1982	03/17/1			
F - 1	Principal Piace	of Business	Fn	Mailing Address					4. FEI Number	h	Applied For
21	Suite, Apt. #, 6		26	Suite, Apt. #, etc.					59-2218305		Not Applicable
22	27								5. Certificate of Status Desired		Additional Required
23	City & State		28	City & State					6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
r "1	Zq>	}				Country			8. This corporation has liability for intangible tax under s 199.032,		
24		25   29   30   9. Name and Address of Current Registered Agent					<del></del>	Florida Statutes  Y Yes  No  10. Name and Address of New Registered Agent			
		g, manic and Address of Carre	iii iiegia	tered Agent		81	ı	Name	IV. Hame and Address of New Het	haracan waarit	.,
	POITEVE	NT, EARL S.				82	ļ;	Ctroot Addror	ss (P.O. Box Number is Not Acceptable)		
1775 CASSAT AVENUE						82 Street Add			ss (P.O. box Number is not Acceptable)		
JACKSONVILLE FL 32210						83					
						84	(	City		<b>Fi</b> 85 Z <sub>1</sub> C	Code
11	I. Pursuant to the	ne provisions of Sections 607,050	2 and 60	7.1508, Florida Statut	tes, the	above-r	nar	med corporat	tion submits this statement for the purpo	se of changing its re	egistered office
	familiar with, a	agent, or both, in the State of Flor and accept the obligations of, Sec	ida Sucr tion 607.	n change was authoriz .0505, Florida Statutes	zea by 1 S.	tne corp	ĸora	ation's board	of directors. Thereby accept the appoint	itment as registered	agent. I am
S-0	GNATURE										
12		istone, typed or particl name of registered agen OFFICERS AN				stered Ager 13.	nt și	ignature required v	when reinstating!  ADDITIONS/CHANGES TO OFFICE	DATE	DC 91.40
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511	BELT ACIDRESS	130 NORTH LANE AVENUE	=		1	1.3 STREET	(AD	ODRESS			
Cit	Y - S 1 - 71P	JACKSONVILLE FL				1.4 CITY - S		1			
111	LF.	VP		□ DELETE		2 1 TITLE				Change	☐ Addition
NA	ME	HUFFMAN, GARLAND W				2 2 NAME					
SI	RE- L'ADDRESS	130 NORTH LANE AVENUE	=			2.3 STREET	AD	ODRESS			
-	Y-\$1-7P	JACKSONVILLE FL				2 4 CITY - S	31-2	ZIP			
7:11				☐ DELETE		3 1 TITLE				☐ Change	☐ Addition
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	REEL ADDRESS					33 STREET					
_ 50 T00	Y-S1-7iP			DELETE		3.4 CITY - S 4. 1 TITLE	ST - 2	ZIP		Change	☐ Addition
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	REET ADDRESS				ı	4.3 STREET	ΔD	ODRESS			
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NA.	M:					5 2 NAME					
516	REET ADDRESS					5 3 STREET	ΑĐ	DORESS			
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TH	LE			DELETE	•	6 1 TITLE				Change	☐ Addition
NAI						62 NAME					
	REFEADORESS				- 1	6 3 STREET					
	Y-51-ZIP	ortify that the information excelled	 Mitty Main	filing is voluntarily 4		64 CITY - S			the exemption stated in Section 119.07	19\(1) Elosid- De-1 1	no 1 di selle
14	<ul> <li>certify that the oath; that I ar</li> </ul>	e information indicated on this ann	ual repor oration o	t or supplemental ann r the receiver or truste	nual rep se empo	ort is tru	ю	and accurate	the exemption stated in Section 119.07 is and that my signature shall have the sa report as required by Chapter 607, Florid	me legal effect as if	made under

2-20-96 904-786-5752