

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

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AND  
FILED

95 MAR -1 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ANNUAL REPORT

1995

DOCUMENT # F94000001731 (8)

ASHLEIGH, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 8 WESTERN AVE. KENNEBANK ME 04043	Mailing Address 8 WESTERN AVE. KENNEBANK ME 04043
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3. Date Incorporated or Qualified 04/06/1994	3a. Date of Last Report
4. FEI Number 01-0470584	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 86 Newbury St. State, Apt. #, etc.	2a. Mailing Address 26 86 Newbury St. State, Apt. #, etc.
22 City & State 23 Portland ME	27 City & State 28 Portland ME
24 04101 Country USA	29 04101 Country USA

9. Name and Address of Current Registered Agent

FORSLEY, RICHARD T  
50 BAY BRIDGE DR.  
GULF BREEZE FL 32561

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

11. Pursuant to the provisions of Sections 607.0602 and 607.1504, 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 607.0603, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDC	NAME FORSLEY, FRED	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10 MYRTLE ST.	CITY & STATE S. PORTLAND ME 04106	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST. ZIP	
TITLE S	NAME FORSLEY, MARGARET	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 10 MYRTLE ST.	CITY & STATE S. PORTLAND ME 04106	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST. ZIP	
TITLE VD	NAME BENOIT, DONALD L	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14 POWDER MILL DR.	CITY & STATE KENNEBURK ME 04043	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST. ZIP	
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14. I declare to be duly qualified, the information supplied with this filing is voluntarily furnished and does not qualify for the exceptions stated in Section 199.076(6)(b), Florida Statutes. I further declare that this information is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 or both of this attachment with an address.

SIGNATURE:  DATE: 2-24-95 207-761-0807