

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 25 AM 8:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # G60388 (7)

1. Corporation Name:
ASHINGTON-PICKETT MID-CORP. INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 550 N. BUMBY AVE., SUITE 110 ORLANDO FL 32803
Mailing Address: 550 N. BUMBY AVE., SUITE 110 ORLANDO FL 32803

3. Date Incorporated or Qualified: **09/21/1983**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: **59-2332314**
Applied For: Not Applicable

22. Suite, Apt. #, etc.:
27. Suite, Apt. #, etc.:

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

23. City & State:
28. City & State:

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

24. Zip: 25. Country: 29. Zip: 30. Country:

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

9. Name and Address of Current Registered Agent

**ASHINGTON-PICKETT, MICHAEL D.
1307 MONTCALM STREET
ORLANDO FL 32806**

10. Name and Address of Now Registered Agent

81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
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 must be printed name of registered agent and title of office)

(Date) (Registered Agent signature required when reappointing)

DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	ASHINGTON-PICKETT, M D
STREET ADDRESS	1307 MONTCALM ST
CITY, ST, ZIP	ORLANDO, FL 00000
TITLE	DVS
NAME	ASHINGTON-PICKETT, SANDRA
STREET ADDRESS	1307 MONTCALM ST
CITY, ST, ZIP	ORLANDO, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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, in an attached report with an address.

SIGNATURE: _____
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-95 407 898 9139
Date (Month/Year)

CR2E034 (3/95)