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May 09 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 # **H61456** (0)
1. Corporation Name
ASHINGTON-PICKETT REALTY, INC.

Principal Place of Business Mailing Address

% MICHAEL D. ASHINGTON-PICKETT
550 N BUMBAY AVE., SUITE 110
ORLANDO FL 32803

% MICHAEL D. ASHINGTON-PICKETT
550 N BUMBAY AVE., SUITE 110
ORLANDO FL 32803-4927



2. Principal Place of Business 2a. Mailing Address

21 **1307, MONTCALM ST** 26 **1307, MONTCALM ST**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
ORLANDO, FLORIDA **ORLANDO, FLORIDA**

23 Zip 24 Country 28 Zip 29 Country
32806 **U.S.A.** **32806** **U.S.A.**

3. Date Incorporated or Qualified **06/12/1985** 3a. Date of Last Report **08/08/1996**

4. FEI Number **59-2542655** Applied For Not Applicable

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 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.
550 NORTH BUMBAY AVENUE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1307, MONTCALM ST

83
84 City **ORLANDO** FL 85 Zip Code **32806**

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]* **M.D. ASHINGTON-PICKETT** 4-27-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **DP ASHINGTON-PICKETT, M. D.**
STREET ADDRESS **550 NORTH BUMBAY AVENUE**
CITY-ST-ZIP **ORLANDO 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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **1307, MONTCALM ST**
1.4 CITY-ST-ZIP **ORLANDO, FL 32806**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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: *[Signature]* **MICHAEL D. ASHINGTON-PICKETT** 4-27-97 407 857 02 02
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)