

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J79323 (8)

1. Corporation Name

ASHCRAFT SERVICES AND PRODUCTS, INC.



Principal Place of Business

2514 W CERVANTES ST
PENSACOLA FL 32505

Mailing Address

2514 W CERVANTES ST
PENSACOLA FL 32505

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

GRASS, JOHN R., ESQ.
120 S. ALCANIZ ST.
PENSACOLA FL 32501

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 607.0142 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 607.0142, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Agent for Change of Registered Office)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PD	[] DELETE
NAME	ASHCRAFT, WILLIAM C., JR	
STREET ADDRESS	6 NAVARRE ST	
CITY-STATE-ZIP	GULF BREEZE FL	
TITLE	STD	[] DELETE
NAME	ASHCRAFT, TERRY ANN	
STREET ADDRESS	6 NAVARRE ST	
CITY-STATE-ZIP	GULF BREEZE FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	[] Change [] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	[] Change [] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	[] Change [] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	[] Change [] Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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 119.07(3)(k), 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, but I am an officer or director of the corporation only. If my name or business address has changed since the last report, I have indicated this report as amended by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96

904 432-4226

CR2E034 (12/95)