FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

Secretary of State
DIVISION OF CURPORATIONS

FILED
Jan 16 1998 8:00am
Secretary of State

DOCUMENT # J79323 (8) 1. Corporation Name ASHCRAFT SERVICES AND PRODUCTS, INC.								
Principal Place of Husiness Mailing Address						- 1 : ###1118 #111 (DB:# (#18# 11116 11#89 1451 #111 #11	ili Etzin ototi bil	III BEDEL EN BI
2514 W CERVANTES ST PO BOX 18157								
PENSACOLA FL 32505 PENSACOLA FL 32523								
US						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
	للاربي المستعدد المست	Control Control on the Control of th				06/24/1987		
	lace of Business	2a. Mailing Address				4. FEI Number		pplied Far
21)	1	26	The state of the s			59-2825920	Manager	lot Applicable
·····	ite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	4	Additional
22		27 City & State						equired
City & State	e	f				6. Election Campaign Financing Trust Fund Contribution		May Be
23 Zip	Gountry 2p			Country				to Fees
24				i i u y		This corporation owes or has paid the corporation owes.	Shrinning h.	Itangible I
24)	25 29 30 30 9, Name and Address of Current Registered Agent					10. Name and Address of New Registered	-	
CD	ASS, JOHN R., ESQ.			81	Name			
120 S. ALCANIZ ST.				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		ĺ
PENSACOLA FL 32501				83				
Ì				~				
				84	City	F	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								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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE		· · · · · · · · · · · · · · · · · · ·						
	Signature, typed or printed name of registered agent	THE PROPERTY OF THE PROPERTY O		Agent :	signature required	When reinstating) OATE	ID DIGEOTO	DC IN 40
12.	OFFICERS AND	DELETE	13.	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TITLE	ASHCRAFT, WILLIAM C., JR	<u> </u> 176-46.15	18		1		F""] Outside	L Appropri
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NAME			6.2 NA	ME	1			
STREET ADDRESS			6.3 \$11	RFET ADI	DRESS			ļ
CHY-ST-7P			a	Y-ST-/	i			1
14. I hereby o	ertity that the information supplied with on this annual report or supplemental i	this filing does not quality for annual report is true and arm				ection 119.07(3)(i), Florida Statutes. I further o shall have the same legal effect as if made i.	ertity that the	information at I am an

4. Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Horida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is frue and around 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 furstee 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 an attachment with appendixs.

SIGNATURE:

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1-6-98

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