

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L67065

(7)

1. Corporation Name

ASH/WINSTON & CO., INC.

Principal Place of Business

P.O. BOX 3005
STUART FL 34905

Mailing Address

P.O. BOX 3005
STUART FL 34905

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/19/1990

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 P.O. DRAWER 3089

2a. Mailing Address

26 P.O. DRAWER 3089

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 STUART FL

City & State

27 STUART FL

Zip

24 34955

Country

25 USA

Zip

29 34955

Country

30 USA

4. FEI Number

65-0210757

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. 190.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PHELPS, ROBERT E
508 S. FEDERAL HWY.
STUART FL 34954

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5707 SO. INDIAN RIVER DRIVE

83

84 City

FT. PIERCE

FL

85 Zip Code

34982

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, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	PHELPS, COILA D	1068 SW PAYNE AVE.	PORT ST. LUCIE FL
P	PHELPS, ROBERT E. JR.	1068 SW PAYNE AVE.	PORT ST. LUCIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP
☒ Change ☐ Addition		5707 SO. INDIAN RIVER DRIVE	FT. PIERCE, FL 34982
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☐ Change ☐ Addition			
☐ Change ☐ Addition			
☐ Change ☐ Addition			
☐ Change ☐ Addition			
☐ Change ☐ Addition			
☐ Change ☐ Addition			
☐ Change ☐ Addition			

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)(b), 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] R. E. PHELPS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 467/468-0414

FILE

Signature / Name #