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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300002855 (3)

THE ASBURY GROUP, INC.

Principal Place of Business

Mailing Address

FILED May 08 1998 8:00am Secretary of State



Principal Flace of business Maining / Address								
3086 SAWGRASS CIRCLE 3086 SAWGRASS CIRCLE								
TALLAHASSEE FL 32308 US		TALLAHASSEE FL 32308 US			DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualified			
					01/13/1993			
9 Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	-	Applied For	
	SAWGRASS CIPCLE	26 3010 SAWGI	DACE (0001		 	Not Applicable	
Suite, Apt.	JAWGRASS CIRCLE	Suite, Apt. #, etc.	(4)2) C	-114CL			5 Additional	
27					5. Certificate of Status Desired	,	Required	
City & State City & State							00 May Be	
23		28			Trust Fund Contribution	Adde	ed to Fees	
ZIP				1	8. This corporation owes or has paid the cu			
24	25	29	30			Yes	∐ No	
	9. Name and Address of Current	Registered Agent		1-27	10. Name and Address of New Registered	Agent		
	BURY, THOMAS B		81	Name				
3086 SAWGRASS CIRCLE TALLAHASSEE FL 32308			82	82 Street Address (P.O. Box Number is Not Acceptable)			·	
IA	LLAMASSEE PL 32308		83	 				
			"					
			84	City	FL	85 Z	ip Code	
44.5	10	1000 4500 Ft. 11- 0		<u> </u>		i i		
office or r	enister ed agent, or both, in the State (d Florida. Such change was i	authorized h	v the cor	corporation submits this statement for the purpose of poration's board of directors. I hereby accept the app	r cnangini pointment	g its registered as registered	
agent. I a	m fam iliar with, and accept the obligation	ions of, Section 607.0505, Fi	lorida Statute	S.			-	
SIGNATURE			<u>-</u>					
	Signature, typed or printed name of registered agest			ent signaturi	e required when reinstating) DATE	NOFOT	000 11/40	
12.	OFFICERS AND		13.	· 	ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	ACRUPY THOUSA	☐ DELETE 1.1				C hang	e L. Addition	
NAME	ASBURY, THOMAS B		1.2 NAME		AND CHIMAGE CIRCLE			
STREET ADDRESS	3086 SAWGRASS CIRCLE		1.3 STREE	ADDRESS	3010 SAWGRASS CIRCLE			
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-	ST-ZIP	TALLAHASSEE, FL 32308		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE		☐ DELETE	2.1 TITLE			L Chang	je 🔲 Addition	
KAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	ADDRESS				
CITY-SY-ZIP			2. 4 CiTY-	ST-ZIP				
TITLE	_	☐ DELE TE	3 1 TITLE			☐ Chang	ge [] Addition	
NAME			3.2 NAME					
STREET ADDRESS			3 3 STREE	ADDRESS				
CITY-ST-ZIP			3 4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TUTLE			Chang	e Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	ADDRESS			1	
CITY-ST-ZIP			4.4 CITY-	ST - ZIP	1			
TITLE		☐ DELETE	5.1 TITLE			Chang	je Addition	
NAME			5.2 NAME		80000252057 -05/12/980106803	_ ii		
STREET ADDRESS				T ADDRESS	-05/12/980106803	4		
CITY-ST-ZIP			5.4 CITY-		***150.00			
TITLE		DELETE	6.1 TITLE	J. L.		Chang	e Addition	
NAME			6.2 NAME			_ •		
				T ADDRESS			\ 6\7	
STREET ADDRESS) \	
CITY-ST-ZIP		b this file a door not qualify t	6.4 CHY-	or all	led in Section 119.07(3)(i), Florida Statutes. I further or	artifu that	the intermetion	
4.4 Managaran -								

• I nereby certify that the information supplied with this thing does not quality 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 yeport 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 this corporation of the receiver in pustee 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 an address.

c-1-98

000-000 8008