

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000065801 (1)**

1. Corporation Name  
**ASHINGTON CONSTRUCTION COMPANY, INC.**



Principal Place of Business  
**25010 CYPRESS HOLLOW  
STE 102  
BONITA SPRINGS FL 33923  
US**

Mailing Address  
**25010 CYPRES HOLLOW  
STE 102  
BONITA SPRINGS FL 33923  
US**

2. Principal Place of Business  
21 **STANLEY LIEBERFARB**  
State, Apt. #, etc.  
22 **NS. BEACH**  
City & State  
23  
Zip County  
24 25

2a. Mailing Address  
26 **STANLEY LIEBERFARB**  
State, Apt. #, etc.  
27 **ADDRESS NS. BEACH**  
City & State  
28 **BONITA SPRINGS FL**  
Zip County  
29 **33423** 30 **USA**

3. Date Incorporated or Quoted **09/21/1993** 3a. Date of Last Report **06/06/1995**  
4. FEI Number **65-0438592** Applied For Not Applicable  
5. Cert. of Public 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

**LIEBERFARB, STANLEY J  
4001 TAMiami TRAIL NORTH  
STE 330  
NAPLES FL 33940**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0500 and 607.1508, Florida Statutes, the above named corporation or firm is this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change will be approved by the corporation's board of directors. They accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	<input checked="" type="checkbox"/> DELETE	13.1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b>	TITLE	<b>OWNER</b>
NAME	<b>SMITH, ANDREW</b>	NAME	<b>DEAN'S HICKORY BLVD</b>
STREET ADDRESS	<b>25010 CYPRESS HOLLOW APT 102</b>	STREET ADDRESS	<b>BONITA BEACH FL 33923</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	CITY-ST-ZIP	<b>33923</b>
12.2	<input type="checkbox"/> DELETE	13.2	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b>	TITLE	<b>OWNER</b>
NAME	<b>SMITH, ADAM</b>	NAME	<b>1345 S TAMiami TRAIL</b>
STREET ADDRESS	<b>25010 CYPRESS HOLLOW APT 102</b>	STREET ADDRESS	<b>NAPLES FL 33940</b>
CITY-ST-ZIP	<b>NAPLES FL</b>	CITY-ST-ZIP	<b>33940</b>
12.3	<input type="checkbox"/> DELETE	13.3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12.4	<input type="checkbox"/> DELETE	13.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12.5	<input type="checkbox"/> DELETE	13.5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.075(6), Florida Statutes. I further certify that the information indicated is true and correct or, supplemental and correct, a true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report in accordance with Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing. If my name is not attached with an address.

SIGNATURE: (PRESIDENT) 3-31-96 941-498-6306

CR2E034 (12/95)