

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

FILED

95 JUN 27 AM 9:06

DOCUMENT # **93000069010**
1. Corporation Name
ASHLIEGH & CHELSEA INC.

800001547918
-07/27/95--01075--001
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**2648 LOCKSLEY RD.
MELBOURNE FL. 32935**

3. Date Incorporated or Qualified **Nov 2, 1993** 3a. Date of Last Report **APR 7, 1994**
4. FEI Number **543203979** 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 intangibles under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 **SAME AS ABOVE** 26
22 **N.A.** 27
23 **SAME AS ABOVE** 28
24 **SAME AS ABOVE** 25 **USA** 29
26 **USA** 30

9. Name and Address of Current Registered Agent
**ED STALEY
150 FORTENBERY RD.
MERRITT ISLAND, FL. 32952**

10. Name and Address of New Registered Agent
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 607.0502 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 **7/21/95**
Signature, typed or printed name of registered agent and date of appointment (SEE: Registered Agent Signature (Required when reappointing)) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	☐ Change ☐ Addition
NAME	DONALD R. MARINACCI	1.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	2648 LOCKSLEY RD. MELBOURNE FL. 32935	1.3 STREET ADDRESS	☐ Change ☐ Addition
CITY, ST, ZIP	FL. 32935	1.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		2.3 STREET ADDRESS	☐ Change ☐ Addition
CITY, ST, ZIP		2.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		3.3 STREET ADDRESS	☐ Change ☐ Addition
CITY, ST, ZIP		3.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		4.3 STREET ADDRESS	☐ Change ☐ Addition
CITY, ST, ZIP		4.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		5.3 STREET ADDRESS	☐ Change ☐ Addition
CITY, ST, ZIP		5.4 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	☐ Change ☐ Addition
STREET ADDRESS		6.3 STREET ADDRESS	☐ Change ☐ Addition
CITY, ST, ZIP		6.4 CITY, ST, ZIP	☐ 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(1)(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 manager 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. I declare under penalty of perjury that the information is true and accurate.

SIGNATURE: **407-253-8467**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE