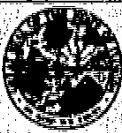


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1995**



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

**DOCUMENT # P93000083178 (2)**

1. Corporation Name

**ASHLEY G. CORP.**

Principal Place of Business

175 ORMWOOD DRIVE  
ORMOND BEACH FL 32176

Mailing Address

1314 OCEAN SHORE BLVD.  
ORMOND BEACH FL 32176  
US

**FILED**

95 JUL 19 AM 10:49

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**11/29/1993**      **07/22/1994**

4. FEI Number      Applied For  
**59-3214032**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing      **\$5.00 May Be Added To Filing Fee**  
Trust Fund Contribution     

8. This corporation has liability for intangible tax under s. 199.035,  
Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

CHORTKOFF, MARGARET (HAYES)  
175 ORMWOOD DRIVE  
ORMOND BEACH FL 32176

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 *Margaret Chortkoff Hayes*  
Signature typed or printed name of registered agent and location acceptable

NOTE: Registered Agent signature required when re-registering

DATE

CR2E034 (3/95)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHORTKOFF, MARGARET 175 ORMWOOD DRIVE ORMOND BEACH FL 32176	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D HAYES CHORTKOFF, Margaret 175 Ormwood Dr Ormond Beach, FL 32176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALAVENDA, TERRI 3-BEECHWOOD DRIVE ORMOND BEACH FL 32176	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(k), 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 addendum.

SIGNATURE: *Margaret Chortkoff Hayes*  
BROKEN LINE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MARGARET CHORTKOFF HAYES**

7-12-95 904-441-5576

DATE 10/10/1995

0000104