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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000088637 (2)**

1. Corporation Name

**ASHLEY-NICOLE ENTERPRISE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 6813 WHITE OAK DRIVE<br>PENSACOLA FL 32502 | 6813 WHITE OAK DRIVE<br>PENSACOLA FL 32502 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 5730 Princeton dr
22 Suite, Apt. #, etc.: N/A
23 City & State: Pensacola Fl
24 Zip: 32526
25 Country: Escambia

2a. Mailing Address
26: SAME
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 59 3216287 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: N/A **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: N/A **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No N/A

9. Name and Address of Current Registered Agent

REAVIS, VINCENT J
6813 WHITE OAK DRIVE
PENSACOLA FL 32502

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) N/A
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 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: President (Vincent J. Reavis) 2/1/95
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when changed) (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President<br>Vince Reavis<br>5730 Princeton dr<br>Pen Fl 32526 | 11 TITLE<br>12 NAME<br>13 STREET ADDRESS<br>14 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | 21 TITLE<br>22 NAME<br>23 STREET ADDRESS<br>24 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | 31 TITLE<br>32 NAME<br>33 STREET ADDRESS<br>34 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | 41 TITLE<br>42 NAME<br>43 STREET ADDRESS<br>44 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | 51 TITLE<br>52 NAME<br>53 STREET ADDRESS<br>54 CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | 61 TITLE<br>62 NAME<br>63 STREET ADDRESS<br>64 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(3)(i), 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:** Vincent J Reavis 2/1/95 904 4640900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Area Code & Daytime Phone Number

0000672 CP