

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:11

DOCUMENT # P94000007565 (2)

1. Corporation Name

ASH FURNITURE CORPORATION

REC. DIVISION OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**5429 FRUITVILLE RD.
SARASOTA FL 34232**

Mailing Address

**5429 FRUITVILLE RD.
SARASOTA FL 34232**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0463390

Applied For

☐ Not Applicable

State, Apt. #, etc.

State, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Yes

No

Yes

No

7. Has corporation been subject to a corporate law audit under Chapter 133, Florida Statutes

☐ Yes

☒ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAMBRECHT, WILLIAM G
1550 RINGLING BLVD.
SARASOTA FL 34238**

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 607.0503, Florida Statutes.

SIGNATURE

(Signature of President, Secretary, Treasurer, or Registered Agent)

(Signature of Registered Agent (signature required when incorporating))

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1
NAME: **President
William F. Ash**
STREET ADDRESS: **P.O. Box 19303 Avon, Co 81620**
CITY, ST, ZIP

13.1
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP

12.2
NAME: **Secretary/Treasurer
Sally R. Ash**
STREET ADDRESS: **P.O. Box 19303**
CITY, ST, ZIP: **Avon, CO 81620**

13.2
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP

12.3
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP

13.3
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP

12.4
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP

13.4
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP

12.5
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP

13.5
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP

12.6
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP

13.6
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY, ST, ZIP

14. I, the undersigned, certify that this information requested with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 133.01(1)(b) Florida Statutes. I further certify that this information was given in the annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect as if made in order with that information collected for the corporation or the nominee or trustee corporation. I have filed this report as required by Chapter 133, Florida Statutes, and that my name is registered. There is no change in the corporation's name or other pertinent information.

SIGNATURE:

William F. Ash **William F. Ash**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4/24/95

303-949-0903