

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000007565 (2)

1. Corporation Name

ASH FURNITURE CORPORATION



Principal Place of Business

5429 FRUITVILLE RD.  
SARASOTA FL 34232

Mailing Address

5429 FRUITVILLE RD.  
SARASOTA FL 34232

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LAMBRECHT, WILLIAM G  
1550 RINGLING BLVD.  
SARASOTA FL 34236

3. Date Incorporated or Qualified

01/31/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0463390

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 intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

200 S. Orange Ave.

83

84 City

Sarasota

FL

85

Zip Code

34236

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

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
P. ASH, WILLIAM F.  
STREET ADDRESS  
P. O. BOX 19303  
CITY-STATE-ZIP  
AVON CO

TITLE ☐ DELETE

NAME  
ST. ASH, SALLY R.  
STREET ADDRESS  
P. O. BOX 19303  
CITY-STATE-ZIP  
AVON CO

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS

64 CITY-STATE-ZIP

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)(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 address.

SIGNATURE: *William F. Ash* WILLIAM F. ASH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96

970-949-0923

Daytime Phone #

CR2E034 (12/95)