

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Capital Building
Tallahassee, Florida 32399-0001
Phone: (904) 493-2100

APPROVED
AND
FILED

50 MAY 10 AM 10:35

DOCUMENT # **P94000016377 (1)**

ASHE GLASS & MIRROR, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Filing as to: 1995		2a. Filing Address: 4850 E BUSCH BLVD. TAMPA FL 33617-6012	
21. State of: FL		26. State of: FL	
22. City & State: TAMPA FL		27. City & State: TAMPA FL	
23. Zip: 33617		28. Zip: 33617	
24. 25		29. 30	
3. (State or corporation or individual)		3a. Date of Last Report: 02/28/1994	
4. Filing Number: 59-3229165		Acquired 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	
B. This corporation has liability for intangible tax under N. 194.032 Florida Statutes: ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ASHE, FRANK M 4850 E BUSCH BLVD. TAMPA FL 33617-6012		01. Name	
		02. Street Address (P.O. Box Number is Not Acceptable)	
		03.	
		04. City, State, Zip Code: FL 33617	

11. Pursuant to the provisions of Sections 227 and 228, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent in both of 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 understand the responsibilities as set forth in 228, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
01. NAME		01. NAME	P FRANK M. ASHE
02. STREET ADDRESS		02. STREET ADDRESS	3605 CORONA ST. TAMPA, FL. 33629
03. CITY, STATE, ZIP		03. CITY, STATE, ZIP	TAMPA, FL. 33629
04. NAME		04. NAME	V ARTHUR G. HARRIS
05. STREET ADDRESS		05. STREET ADDRESS	4212 E. 97th AVE. TAMPA, FL. 33617
06. CITY, STATE, ZIP		06. CITY, STATE, ZIP	TAMPA, FL. 33617
07. NAME		07. NAME	T/S LINDA J. ASHE
08. STREET ADDRESS		08. STREET ADDRESS	3605 CORONA ST. TAMPA, FL. 33629
09. CITY, STATE, ZIP		09. CITY, STATE, ZIP	TAMPA, FL. 33629
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, STATE, ZIP		12. CITY, STATE, ZIP	
13. NAME		13. NAME	
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY, STATE, ZIP		15. CITY, STATE, ZIP	

14. I hereby certify that the information supplied with this filing is verifiably true and that I am not guilty for the exception stated in Section 228(1)(b) Florida Statutes. I further certify that the information indicated on this report 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 mayor or trustee or clerk of the corporation or the county clerk of the county and that my signature shall have the same legal effect as if made under oath. I am a director of the corporation or the mayor or trustee or clerk of the corporation or the county clerk of the county and that my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Frank M. Ashe* FRANK M. ASHE 5/3/95 (813) 988-5565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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INFORMATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
32399-0001

DOCUMENT # P94000016418 (3)

SLAVIN MANAGEMENT, INC.

8 SHANNON CIRCLE
WEST PALM BEACH FL 33401

8 SHANNON CIRCLE
WEST PALM BEACH FL 33401

3. Date of Report: 02/28/1994 3a. Date of Last Report

4. FE Number: 65-0472230 4a. Applicant Fee: Not Applicable

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

6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.112 Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SLAVIN, DANIEL
8 SHANNON CIRCLE
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81. Name
82. Street Address (if P.O. Box Number, Not Applicable)
83.
84. City, State, Zip Code: FL

11. I, the undersigned, the person(s) of Section 197, 197.112 and 197.11204, Florida Statutes, the above named corporation, adopts this statement for the purpose of changing its registered office to the new location set forth in the State of Florida. Such change was authorized by the corporation's board of directors, thereby, and of the appointment as registered agent. I am aware of and accept the obligations of Section 197.05(4), Florida Statutes.

Signature

12. OFFICERS AND DIRECTORS

D
NAME: SLAVIN, DANIEL
ADDRESS: 8 SHANNON CIRCLE
WEST PALM BEACH FL 33401

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13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

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SIGNATURE:

DANIEL SLAVIN

5/9/95 407-640-0520