

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 # P94000052363 (6)

1. Corporation Name

LUCINDA ASHLEY, INC.



Principal Place of Business

6351 MASSACHUSETTS AVE
NEW PT RICHEY FL 34653

Mailing Address

6351 MASSACHUSETTS AVE
NEW PT RICHEY FL 34653

3. Date Incorporated or Qualified

07/11/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3254946

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 ☐

9. Name and Address of Current Registered Agent

WINSTON, LUCINDA A
6000 13 ST N
ST PETERSBURG FL 33703

10. Name and Address of New Registered Agent

81 Name WINSTON, LUCINDA A. (SAME)
82 Street Address (P.O. Box Number is Not Acceptable) 2234 TAHITIAN DR. (ADDRESS CHG)
83
84 City HOLIDAY FL 85 Zip Code 34691

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

Lucinda A. Winston

(LUCINDA A. WINSTON)

Apr. 24, 1996

(Signature typed or printed name of registered agent and if not applicable)

(NOTE: Registered Agent Signature required when not applicable)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|--------------------|---------------------|--------------|--------------------------|
| P | WINSTON, LUCINDA A | 6000 13 ST., NORTH | ST. PETE. FL | <input type="checkbox"/> |
| V | DORAN, JANE A | 4005 DARLINGTON RD. | HOLIDAY FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE | 2. NAME | 3. STREET ADDRESS | 4. CITY-ST-ZIP | Change | Addition |
|----------|--------------------|-------------------|--------------------|-------------------------------------|--------------------------|
| P | LUCINDA A. WINSTON | 3234 TAHITIAN DR. | HOLIDAY, FL. 34691 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

Lucinda A. Winston

LUCINDA A. WINSTON

4/24/96

813
526-2427

(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Telephone #

CR2E034 (12/95)