PROFIT CORPORATION ANNUAL REPORT

1996 7

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

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # P94000052363 (6)

1. Corporation Name
LUCINDA ASHLEY, INC.

[redacted]

Principal Place of Business
7106 SCHARABOK LANE
~~6051 MASSACHUSETTS AVE~~
NEW PT RICHEY FL ~~34655~~ 34652

Mailing Address
7106 SCHARABOK LANE
~~6051 MASSACHUSETTS AVE~~
NEW PT RICHEY FL ~~34655~~ 34652

3. Date Incorporated or Qualified: 07/11/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business 21:
2a. Mailing Address 26:
4. FEI Number: 59-3254946 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23:
City & State 28:
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip 24: Country 25:
Zip 29: Country 30:
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, 1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #2	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WINSTON, LUCINDA A 6000 13 ST., NORTH ST. PETE. FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition P LUCINDA A. WINSTON 2234 TAHITIAN DR. HOLIDAY, FL. 34691
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DORAN, JANE A 4005 DARLINGTON RD. HOLIDAY FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 100002175861 -05/12/97--01133--008 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 4/5/97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 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: Lucinda A Winston LUCINDA A. WINSTON 4/24/97 813 944-2739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0284127 CR