

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 11 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000063453 (2)

1. Corporation Name

ASHLEY MOTORS, INC.

Principal Place of Business

**900 ALT 19
PALM HARBOR FL 34683**

Mailing Address

**900 ALT 19
PALM HARBOR FL 34683**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/25/1994

3a. Date of Last Report
NA

2. Principal Place of business

21
State, Apt. #, etc.

2a. Mailing Address

26 **480 TIMBER LANE**

4. FEI Number

59-326458

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

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34683

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9. Name and Address of Current Registered Agent

**WERMICK, SHERRY F
900 ALT 19
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

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 607.01(2)(c) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address listed below 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 provisions of Sections 607.01(2)(c) and 607.15(8), Florida Statutes.

SIGNATURE

(Signature of person accepting appointment as registered agent)

(Signature of person accepting appointment as registered agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (P. 1)

NAME
D WERMICK, GARY G
STREET ADDRESS
480 TIMBER LANE
CITY, STATE, ZIP
PALM HARBOR FL 34683

NAME
D WERMICK, SHERRY F
STREET ADDRESS
480 TIMBER LANE
CITY, STATE, ZIP
PALM HARBOR FL 34683

NAME
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CITY, STATE, ZIP

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NAME
STREET ADDRESS
CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct for the corporation stated on this form. I am a resident of the State of Florida and I am qualified to be a registered agent for the corporation. I am familiar with and accept the provisions of Sections 607.01(2)(c) and 607.15(8), Florida Statutes. I am familiar with and accept the provisions of Sections 607.01(2)(c) and 607.15(8), Florida Statutes. I am familiar with and accept the provisions of Sections 607.01(2)(c) and 607.15(8), Florida Statutes. I am familiar with and accept the provisions of Sections 607.01(2)(c) and 607.15(8), Florida Statutes.

SIGNATURE: *GARY G WERMICK* **GARY G WERMICK** **Apr. 26, 1995** **8137846315**