FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000063453**1. Corporation Name

ASHLEY MOTORS, INC.

| | | |
|-----------------|------------|--|
| Daine de la Ole | Duning | |

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90019 048 ***150.00



| Principal Place of Business Mailing A | | Mailing Address | Address | | i ide liebt tie nette eint eette eette eette eette ette | | | | |
|---------------------------------------|---|---|-----------------------|----------|---|---|----------------------------|-------------------------|-------------------------------|
| 900 ALT 19 PALM HARBOR FL 34683 | | 480 TIMBER LANE PALM HARBOR FL 34683 US | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | 3. Date Incorporated or Qualifed 08/25/1994 | | | |
| 2. Principal Pi | ace of Business | 2a, Mailing Address | | | | 4. FEI Number 59-3264458 | | L | Applied For Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | \$8.75 | Additional Required |
| City & State | 9 | City & State | | | | Election Campaign Financing Trust Fund Contribution | | \$5.0 | 0 May Be |
| Zip | Country | Zip | Countr | у | | 8. This corporation owes the curr | ent vear Int | | |
| 24 | 25 | 29 30 | | | - | Personal Property Tax. | | Yes_ | □No |
| | 9. Name and Address of Curren | t Registered Agent | | | | 10. Name and Address of New R | legistered | Agent | |
| | | · | 81 | I Na | ame | · | | | Ĭ |
| | MICK, SHERRY F | | 82 | Z St | reet Addre | ss (P.O. Box Number is Not Accepta | ıb(e) | | |
| | ALT 19 | | | " | | | | | |
| PAUN | M HARBOR FL 34683 | | 83 | 3 | | | | | |
| | | | 84 | 1 | • | | FL | . ' | p Code |
| office or re | to the provisions of Sections 607.050; egistered agent, or both, in the State m famillar with, and accept the obligat | of Florida. Such change was auth | orized by | y the i | med corpo corporation | ration submits this statement for the i's board of directors. I hereby accep | purpose of ot the appoi | changing i ntment as | its registered registered |
| SIGNATURE | Signature, typed or printed name of registered agen | and title if applicable (NOTE: Pa | sistered Ace | ant clan | ature required | when reinstating) | DATE | | |
| 12. | | D DIRECTORS | 13. | - July 1 | DID TO TO TO TO TO | ADDITIONS/CHANGES TO OF | | ID DIRECT | FORS IN 12 |
| TILE I | D | □ DELETE | 1.1 TITLE | | - | 7.55.11.010.11.11.020.10.10.1 | | ☐ Chang | |
| NAME | WERMICK, GARY G | - | 1.2 NAME | | | | | | .] |
| STREET ADDRESS | 480 TIMBER LANE | | 1.3 STREE | ET ADD | RESS | | | | |
| CITY-ST-ZIP | PALM HARBOR FL 34683 | | 1.4 CITY-1 | ST-ZIP | - - | | | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | | | | ☐ Change | B Addition |
| NAME | WERMICK, SHERRY F | | 2.2 NAME | | | | | | } |
| STREET ADDRESS | 480 TIMBER LANE | | 2.3 STREE | ET ADDI | RESS | | | | |
| CITY-ST-ZIP | PALM HARBOR FL 34683 | | 2. 4 CITY- | ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | • | | | Change | e Addition |
| NAME | | | 3.2 NAME | | | | | | |
| STREET ADDRESS | - | | 3.3 STREE | ET ADDI | RESS | | | | } |
| CITY-ST-ZIP | | | 3.4. CITY- | | <u>' </u> | | | Chan | - Carlina |
| TITLE | | ☐ DELETE | 4.1 TITLE | | - | | | Chang | e 🗌 Addition |
| NAME | | ı | 4. 2 NAME | | | | | | |
| STREET ADDRESS | | | 4.3 STREE | | RESS | | | | |
| CITY-ST-ZIP | | □ DGLETC | 4.4 CITY-1 | | | | | Change | Addition |
| TITLE | | ☐ DELETE | 5.1 TITLE 5.2 NAME | | | | | Chang | e 🗀 Addition |
| NAME | | | 5.3 STREE | | DE&& | | | | 1 |
| STREET ADDRESS | | | 5.3 STREE | | 1200 | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE | | | | | ☐ Change | e |
| TITLE | | ☐ Acreic | 6.2 NAME | | { | • | | спапу | |
| NAME | | | 6.3 STREE | | RESS | | | | ļ |
| STREET ADDRESS | | | 0.3 STREE | בו אטטו | 14200 | | | | - |

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

727 7866904