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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000073228 (6)**

1. Corporation Name

ASHTON RIDGE, INC.



Principal Place of Business

**4924 FRUITVILLE ROAD
SARASOTA FL 34232**

Mailing Address

**4924 FRUITVILLE ROAD
SARASOTA FL 34232**

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

9. Name and Address of Current Registered Agent

**CHUNG, FILIC M
4924 FRUITVILLE ROAD
SARASOTA FL 34232**

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 607.0500 and 607.1500, 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 607.0500, Florida Statutes.

SIGNATURE

Filic M Chung

DATE

4/26/96

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

**CHUNG, FILIC M
4924 FRUITVILLE ROAD
SARASOTA FL 34232**

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

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CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not purport to be the exemption stated in Section 119.07(3)(a), 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:

Filic M Chung

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

15. TITLE

16. NAME

17. STREET ADDRESS

18. CITY-STATE-ZIP

19. TITLE

20. NAME

21. STREET ADDRESS

22. CITY-STATE-ZIP

23. TITLE

24. NAME

25. STREET ADDRESS

26. CITY-STATE-ZIP

27. TITLE

28. NAME

29. STREET ADDRESS

30. CITY-STATE-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

35. TITLE

36. NAME

37. STREET ADDRESS

38. CITY-STATE-ZIP

39. TITLE

40. NAME

41. STREET ADDRESS

42. CITY-STATE-ZIP

43. TITLE

44. NAME

45. STREET ADDRESS

46. CITY-STATE-ZIP

4/26/96

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