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 # **P95000045961 (6)**

1. Corporation Name

ASHCOURT ENTERPRISES, INC.

Principal Place of Business
9815 NW 20TH ST
CORAL SPRINGS FL 33071

Mailing Address
9815 NW 20TH ST
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified: **06/08/1995**

3a. Date of Last Report: FIRST FILING

2. Principal Place of Business
21 11641 HAMRICK PLACE
Suite, Apt. #, etc.
22
City & State
23 JACKSONVILLE, FL
Zip
24 32223
Country
25 USA

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 65-0596442 — ☐ 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

WEAVER, JOSEPH D
9815 NW 20TH ST
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name: WEAVER, JOSEPH D
82 Street Address (P.O. Box Number is Not Acceptable): 11641 HAMRICK PLACE
83
84 City: JACKSONVILLE **FL** 85 Zip Code: 32223

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 [signature] DATE 8-14-96

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	WEAVER, JOSEPH D	
STREET ADDRESS	9815 NW 20TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	DST	☐ DELETE
NAME	LEE-WEAVER, PAMELA	
STREET ADDRESS	9815 NW 20TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	DP	☑ Change ☐ Addition
1 2 NAME	WEAVER, JOSEPH D.	
1 3 STREET ADDRESS	11641 HAMRICK PLACE	
1 4 CITY-ST-ZIP	JACKSONVILLE, FL 32223	
2 1 TITLE	DST	☑ Change ☐ Addition
2 2 NAME	LEE-WEAVER, PAMELA	
2 3 STREET ADDRESS	11641 HAMRICK PLACE	
2 4 CITY-ST-ZIP	JACKSONVILLE, FL 32223	
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

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: [signature] 8-14-96 (904)549-4353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)