

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000061967 (2)

1. Corporation Name

ASHLYN ENTERPRISES, INC.



Principal Place of Business

3425 THOMASVILLE ROAD  
TALLAHASSEE FL 32308

Mailing Address

3425 THOMASVILLE ROAD  
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified

08/10/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3333434

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

24

25

Country

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, W A III  
3425 THOMASVILLE ROAD  
TALLAHASSEE FL 32308

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 607.0502 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 of the registered agent, or both, if applicable.

Signature of the Registered Agent, if applicable.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
WILLIAM A. THOMAS III  
3425 THOMASVILLE RD  
TALL, FL 32308

1. TITLE NAME STREET ADDRESS CITY-ST-ZIP  
V-PRESIDENT, TREASURER

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
CARRO N. THOMAS  
3425 THOMASVILLE RD  
TALL, FL 32308

2. TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PRESIDENT, SECRETARY

TITLE NAME STREET ADDRESS CITY-ST-ZIP

3. TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

4. TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

5. TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

6. TITLE NAME STREET ADDRESS CITY-ST-ZIP  
600001869488  
-06/20/96--01044--004  
\*\*\*200.00

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: W.A. (Bill) Thomas III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)