

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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000061967 (2)
 1. Corporation Name
ASHLYN ENTERPRISES, INC.



Principal Place of Business 9425 THOMASVILLE ROAD TALLAHASSEE FL 32308	Mailing Address 3425 THOMASVILLE ROAD TALLAHASSEE FL 32308-3403
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2. Principal Place of Business 21 1908 THOMASVILLE RD Suite, Apt. #, etc. 22 City & State 23 TALL, FL 32303 Zip 24 32303 Country 25	2a. Mailing Address 26 10031 JOURNEYS END Suite, Apt. #, etc. 27 City & State 28 TALLAHASSEE, FL Zip 29 32312 Country 30
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3. Date Incorporated or Qualified 08/10/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3333434	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
THOMAS, W A III
3425 THOMASVILLE ROAD
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: _____ (NOTE: Registered Agent signature required when restating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VPT	<input type="checkbox"/> DELETE
NAME	THOMAS, WILLIAM A III	
STREET ADDRESS	3425 THOMASVILLE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	THOMAS, CARRO N	
STREET ADDRESS	3425 THOMASVILLE ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	10031 JOURNEYS END
1.4 CITY-ST-ZIP	TALL, FL 32312
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	10031 JOURNEYS END
2.4 CITY-ST-ZIP	TALL, FL 32312
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: **W.A. (Bill) Thomas III** **4/30/97**

CR2E034 (9/96)