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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000087803 (9)

ASHLIND MANAGEMENT, INC.

Principal Place of Business Mailing Address 6641 SKI LANE MILTON FL 32583 6641 SKI LANE MILTON FL 32583 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/17/1995

FILED Mar 23 1998 8:00am Secretary of State

|--|

Surie, Apl. #, etc. City & State Country 28 Zip Country 39 300 8. This corporation owes or has paid the current year intengible Personal Property Tax due June 300.
City & State
Zip Country Zip Sip Sip Sip Sip Sip Sip Sip Sip Sip S
Zip 28 29 30 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Ves No No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address 10. Name and Name a
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83.
9. Name and Address of Current Registered Agent BOCKWITH, J. CHARLES 6841 SKI LANE MILTON FL 32583 82 Street Address (P.O. Box Number is Not Acceptable) 83
BOCKWITH, J. CHARLES 8641 SKI LANE MILTON FL 32583 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City
B2 Street Address (P.O. Box Number is Not Acceptable) ### City
MILTON FL 32583 B3
City ### Lost ### City ### Lost
City
IT. 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 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, are tarn tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pretiod name of registered agent and tinit if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TINLE BOCKWITH, JR. J. CHARLES STREET ADDRESS HILTON FL DELETE 11 TITLE DST DELETE 21 TITLE DST DELETE 21 TITLE Change Addition WAME BOCKWITH, CLARE 6841 SKI LANE BOCKWITH, CLARE 6841 SKI LANE BOCKWITH, CLARE 6841 SKI LANE BOCKWITH, CLARE 33 STREET ADDRESS MILTON FL DELETE 31 TITLE Change Addition Addition WAME 32 NAME 33 STREET ADDRESS DIV. ST- ZIP MILTON FL DELETE 1 TITLE Change Addition Addition Addition Addition Addition Addition Addition Addition AMAE 1 DELETE 1 TITLE Change Addition Addition Addition Addition Addition Addition ADDITIONS (Change) Addition Addition Addition Addition ADDITIONS (Change) Addition Addition Addition ADDITIONS (Change) Addition Addition ADDITIONS (Change) ADDITIONS (Chan
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. Typed or printed name of registered agent and talls if applicable. (NOTE Registered Agent aignature required when rainstating) DATE 12. OFFICERS AND DIRECTORS IN 12 INTILE BOCKWITH, JR. J. CHARLES 12. YAME BOCKWITH, JR. J. CHARLES 6641 SKILANE MILTON FL 13. STREET ADDRESS 14. CITY-ST-2IP INTILE BOCKWITH, CLARE 6641 SKI LANE BOCKWITH, CLARE Change Addition Addition Addition Addition ADDITIONS/CHANGES IN 12 ADDI
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. Typed or printed name of registered agent and talls if applicable. (NOTE Registered Agent aignature required when rainstating) DATE 12. OFFICERS AND DIRECTORS IN 12 INTILE BOCKWITH, JR. J. CHARLES 12. YAME BOCKWITH, JR. J. CHARLES 6641 SKILANE MILTON FL 13. STREET ADDRESS 14. CITY-ST-2IP INTILE BOCKWITH, CLARE 6641 SKI LANE BOCKWITH, CLARE Change Addition Addition Addition Addition ADDITIONS/CHANGES IN 12 ADDI
Signature. Tyried or profited name of registered agent and this if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTILE PD BOCKWITH, JR. J. CHARLES 6641 SKILANE MILTON FL UMME BOCKWITH, CLAIRE STREET ADDRESS CITY-ST-ZIP INTILE BOCKWITH, CLAIRE BOCKWITH, JR. J. CHARLES BOCKWITH BOCKWITH, JR. J. CHARLES BOCKWITH, JR. J. CHARLES BOCKWITH, JR. J. CHARLES BOCKWITH BOCKWITH BOCKWITH BOCKWITH BOCKWITH BOCKWITH BOCK
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE PD BOCKWITH, JR. J. CHARLES 6841 SKILANE MILTON FL DST BOCKWITH, CLAIRE 89641 SKI LANE MILTON FL DELETE 1.1 ITILE 1.2 NAME 1.3 STREET ADDRESS DIY-S1-ZIP BOCKWITH, CLAIRE 89641 SKI LANE BOCKWITH, CLAIRE 89641 SKI LANE BOCKWITH, CLAIRE 1.2 NAME 89641 SKI LANE BOCKWITH, CLAIRE 89641 SKI LANE BOCKWITH BOCK
BOCKWITH, JR. J. CHARLES 6641 SKILANE MILTON FL DELETE DITY-ST-ZIP MILTON FL DELETE DELETE DOCKWITH, CLAIRE STREET ADDRESS G641 SKI LANE BOCKWITH, CLAIRE STREET ADDRESS G1TY-ST-ZIP MILTON FL DELETE DELE
STREET ADDRESS CHY-ST-ZIP MILTON FL DST DELETE DST BOCKWITH, CLAIRE STREET ADDRESS CHY-ST-ZIP MILTON FL DELETE D
STREET ADDRESS CHY-ST-ZIP MILTON FL DST DELETE VAME BOCKWITH, CLAIRE STREET ADDRESS CHY-ST-ZIP MILTON FL DELETE 21 TITLE 22 NAME 22 NAME 23 STREET ADDRESS CHY-ST-ZIP MILTON FL DELETE 3.1 TITLE 3.2 NAME 32 NAME 32 NAME 32 NAME 33 STREET ADDRESS CHY-ST-ZIP MILTON FL DELETE 4.1 TITLE VAME 4.2 NAME Addition Change Addition
DST DELETE 2 TITLE Change Addition BOCKWITH, CLAIRE BOCKWITH, CLAIRE G641 SKI LANE STREET ADDRESS MILTON FL DELETE JELETE JELE
DELETE 21 TITLE Change Addition BOCKWITH, CLAIRE 22 NAME 22 NAME 6641 SKI LANE MILTON FL DELETE 31 TITLE JAME 32 NAME 32 NAME 32 NAME STREET ADDRESS TITLE DELETE 4.1 TITLE VAME Addition Addition Change Addition Addition Addition Addition Addition Change Addition Addition
23 STREET ADDRESS MILTON FL 23 STREET ADDRESS 2.4 CITY-ST-ZIP
CHY-ST-ZIP
DELETE 3.1 TITLE
TITLE
3.3 STREET ADDRESS
3.4. CITY-S1-ZIP
DELETE
TITLE DELETE 4.1 TITLE DELETE Addition 4.2 NAME
13 CIDETY 1000CC
4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
ITILE DELETE 5.1 TITLE Change Addition
NAME 5.2 NAME
5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE DELETE 6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
5.3 STREET ADDRESS 6.4 CITY - ST - ZIP 6.4 CITY - ST - ZIP

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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.

GNATURE:

3-13-98 (850) 983-8640

3-13-98 (850) 983-8690