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

PROFIT CORPORATION ANNUAL REPORT



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

•	1996	DIVISION OF C	CORPORATIONS		
DOCUMENT # P95000096847 (5)					
ANSLEY PROPERTIES, INC.					
Principal Place	of Business	Mailing Address		—[	
1008 DRUID ROAD SOUTH		1000 DRUID ROAD SOUTH			
CLEARWATER FL 34616		CLEARWATER FL 34616			
				3. Date incorporated or Qualified 3a. Date	(UT DITERSITY OF THE PARTY OF T
				12/22/1995	
2. Principal Place of Business		2a. Mailing Address		15-064399H	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65 0015117	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
<b>Z</b> ip	Country	28	Country	Trast tand Contribution =	Added to Fees
24	25	Zip <b>29</b>	Country 30	8. This corporation has liability for intangible t Florida Statutes ☐ Yes ☐ No	ax under s 199.032,
	9. Name and Address of Curren		1501	10. Name and Address of New Registered	Agent
			81 Name	C.A. Harris	
BOGGS, DAVID M			82 Street Addre	ess (P.O. Box Number is Not Asceptable) H	INCTAN IN I
111 MADISON STREET TAMPA FL 33602			83	DOR THUILD INDIAN PA	क्षाम्
IAMEA E	L 33002		63		
			84 City <b>C</b> .	LEARWATER FL	85 3 CZ 14
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s. the above named corpora	ation submits this statement for the purpose of ch	nanging its registered office
or registere familiar wit	ed agent, or both, in the State of Florid h, and accept the obligations of, Section	ia. Such change was authorized on 60≇.0505, Florida Statutes.	by the corporation's board	d of directors. I hereby accept the appointment as	s registered agent. I am
SIGNATURE _	cayor	uy C.A.	HARRIS	120pn	1 1996
12.	Signature, typed or printed name of registered agont : OFFICERS AND		Registered Agent's gnature required	ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTORS IN 12
TITLE	PSTD	DELETE	1. 1 THTLE		☐ Change ☐ Addition
NAME	HARRIS, CHARLES A III		12 NAME		
STREET ADDRESS	1008 DRUID ROAD, SOUTH		13 STREET ADDRESS		
CITY+ST-ZIP	CLEARWATER FL 34616 VSD	FT DELETE	1.4 CITY-ST-ZIP		
TITLE NAME	HARRIS, CHARLES A	DELETE	2. 1 TITLE 2 2 NAME		Change Addition
STREET ADORESS	1008 DRUID ROAD, SOUTH		2 3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34616		2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3. 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHTY-ST-ZIP TITLE	<del> </del>	DELETE	3.4 CHTY-ST-ZIP 4. 1 TITLE		Change Addition
NAME			4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-Z:P		☐ DELETE	5 4 CITY - ST - ZIP		Change Cl Addition
NAME			6 1 TITLE 62 NAME		Change Addition
STREET ADDRESS			6 3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		
	certify that the information supplied w	vith this fiting is voluntarily furnis!		or the exemption stated in Section 119.07(3)(k). Fig.	orida Statutes I further

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 pame appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12april 1996

441-2357 Daytime Phone #