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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P96000021022 (4)

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**ASCOT DEVELOPMENT CORPORATION** 

Country

g. Name and Address of Current Registered Agent

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TREASURE ISLAND FL 33706

CARLSON, ROBERT H 15 PARADISE LANE

Principal Place of Business 15 PARADISE LANE TREASURE ISLAND FL 33706

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Ζip

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Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

15 PARADISE LANE TREASURE ISLAND FL 33706

## FILED May 01 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/07/1996 4. FEI Number Applied For 59-3369603 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30.

Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

83 City Zip Code

81 Name

62

Country

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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules. SIGNATURE Signature, typud or printed heroe of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1 1 TITLE WILSON, JOHN D NAME 1.2 NAME **15 PARADISE LANE** STREET ADDRESS 1.3 STREET ADDRESS TREASURE ISLAND FL 33706 CITY-ST-ZIP 1.4 CUY-S1-7(6 ☐ DELET**e** Change ☐ Addition TITLE 2.1 TITLE WILSON, JEAN NAME 2.2 NAME **15 PARADISE LANE** STREET ADDRESS 2.3 STREET ADDRESS TREASURE ISLAND FL 33706 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE ☐ Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. I 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 composition 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 or unord, or on an attackment with an address.

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