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

DOCUMENT # P9600034620 (0)

ASHLEY CONTRACTORS, INC.

FILED Apr 15 1998 8:00am Secretary of State

Principal Place	of Business	Mailing Address			0) 00 00 <u>00 </u>	(
4509 BEE RIDGE RD SUITE A SARASOTA FL 34233		4509 BEE RIDGE RD Suite A Sarasota Fl. 34233		DO NOT	DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualified			
				04/22/1996				
·	ace of Business	2a. Mailing Address		4. FEI Number		<u>-</u>	oplied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0663285			ot Applicable	
22		27		5. Certificate of Status Desire	ed 🔲	\$8.75 / Fee Re		
City & State		City & State		6. Election Campaign Finance	ina	\$5.00		
23		28		Trust Fund Contribution	. 🗆	Added i		
Zip	Country	Zip	Country	8. This corporation owes or h	as paid the cu	rrent year Int	angible	
24	25	29	30	Personal Property Tax due			No	
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of Ne	w Registered	Agent	_	
	NES, TIMOTHY J		of Name	JONES TIMOTHY	۷.			
7544 SOUTH LEEWYNN DRIVE			82 Street	Address (P.O. Box Number is Not Acc				
SAF	RASOTA FL 34240		83	34 WELT BAY	<u> 87.</u>			
			84 City	A	FI	1 1 -	Code	
11. Pursuant t	o the provisions of Sections 607.050	2 and 607,1508, Florida Statut	es, the above-named	corporation submits this statement for	the purpose (of changing it	ts registered	
office or re	egistered agent, or both, in the State in familier with, and accept the obligation	of Florida. Such change was a	authorized by the cor	poration's board of directors. I hereby	accept the ap	pointment as	registered	
SIGNATURE			MOTHY S	James	Q	. 4	100	
SIGIVATORE	Stonature, typid or printer manie or call ared loc	int and the if applicable (NOT	E: Registered Agent signature		DATE	· · · · · · · · · · · · · · · · · · ·		
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO	OFFICERS AN			
TITLE	U THACTUY I	☐ DELETE	1.1 TITLE	D T.MATMY	A	K Change	Addition	
NAME	JONES, TIMOTHY J 7544 S. LEEWYNN DRIVE		1.2 NAME	34 MEST BAY 1	₹.			
STREET ADDRESS	SARASOTA FL 34240		1.3 STREET ADDRESS	, • ,				
CITY-ST-ZIP TITLE	VP	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Octrey PL 3	4239	Change	Addition	
NAME	CROSSLEY, ROSS W		2.2 NAME					
STREET ADDRESS	7860 ESTANCIA WAY		2.3 STREET ADDRESS					
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY - ST - ZIP					
TITLE		DELETE	3.1 TITLE		-+	Change	Addition	
NAME	•		3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. CITY - ST - ZIP					
TITLE		☐ DELETE	4.1 TITLE				Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 CITY+ST-ZIP 5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY+ST-ZIP					
TITLE		☐ DELÉTE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY - ST - ZIP					
14. I hereby co	ertify that the information supplied won this appual report or supplements	ith this filing does not qualify to	or the exemption state	ed in Section 119.07(3)(i), Florida Statu mature shall have the same legal effec	tes. I further o	ertify that the	information	
officer or o	firector of the corporation or the record Block 13 if changed, or on an attack	giver or trustee empow <u>er</u> ed to	execute this report as	required by Chapter 607, Florida Stat	utes; and that	my name ap	pears in	
G.000 12 0	., _,, on an anangou, or on an and							