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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000048610 (5)

ASH TRANSPORT INC.

Mailing Address

Principal Place of Business 5611 PEBBLE BROOK LANE BOYNTON BEACH FL 33437

5611 PEBBLE BROOK LANE BOYNTON BEACH FL 33437-2402

FILED May 14 1997 8:00am Secretary of State



| | | | | | | 06/06/1996 | } | | |
|---|---|--------------------------------|---------------|----------------------------|----------------------------|---|---------------------------------------|-----------------|-----------------------|
| 2. Principal P | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | | | oplied For |
| 21 | | 26 | | | | IV/II | | | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | a 🗀 | , | Additional equired |
| City & State | ٥ | City & State | | | | | | | |
| 23 | | 28 | | | | Election Campaign Financial Trust Fund Contribution | ng 🔲 | | May Be to Fees |
| Zip | | | Cou | ntry | | This corporation has liability | | | |
| 24 | 25 | 29 | 30 | | | Florida Statutes | | ₩ No | |
| | g. Name and Address of Current | Registered Agent | 81 | | 10. Name and Address of Ne | w Registered | Agent | | |
| HEMOHEN, ALDERT O | | | | | Name | | | | |
| 5611 PEBBLE BROOK LANE | | | | | Street Ac | ddress (P.O. Box Number is Not Acc | eptable) | | |
| BOYNTON BEACH FL 33437 | | | | | , . | | | | |
| | | | | 83 | | | | | |
| | | | | 64 | City | | FI | 85 Zip | Code |
| 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 | Signature, typed or printed name of registered agen | t and title if applicable (NO) | IF Registered | i Agei | nt signature re | equired when reinstalling) | DATE | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO C | OFFICERS AN | | |
| TITLE | ☐ DELETE 1.1 | | | l LE | | Dieedor | | Change | ✓ Addition |
| NAME | | | | 1.2 NAME 21 | | Albort S. Henslev W. 5611 Rebole Brook W. | | | |
| STREET ADDRESS | | | 1.3 \$1 | REET. | ADDRESS | Still stepote proof | ~7 | | |
| CITY-ST-ZIP | | | | 1Y-S1 | I - ZiP | Banton Bdn. 189.334 | <i>3 /</i> | | |
| TITLE | | DELETE | | 2.1 TITLE | | | | Change | Addition |
| NAME | | | | 2.5 NAME | | | | | |
| STREET ADDRESS | | | | 23 STREET ADDRESS | | | | | 1 |
| CITY-ST-ZIP TITLE | | | | 2 4 CHY-ST-ZIP 3 1 THLE | | | | Change | Addition |
| NAME | | | | 3 2 NAME | | | | Grange | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | - 1 | 3.4 CITY - ST - ZIP | | | | | |
| TITLE | DELETE | | | 4.1 TITLE | | | - | Change | Addition |
| NAME | | | | 4. 2 NAME | | | | • | _ |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CI | | | | | | |
| TITLE | DELETE 5.1 | | | | | | · · · · · · · · · · · · · · · · · · · | Change | Addition |
| NAME | | | 5.2 NA | AME | | | | | |
| STREET ADDRESS | | | 5.3 \$1 | REET | ADDRESS | | | | 1 |
| CITY-ST-ZIP | | | 5.4 Cf | 1Y-S1 | T-ZiP | | | | |
| TITLE | DELETE 6.1 | | | | | | | Change | Addition |
| NAME | 1 | | 6.2 NA | ME | | | | | |
| STREET ADDRESS | | | 6.3 \$1 | REET | ADDRESS | | | | |
| CITY-ST-ZIP | | | 6.4 Ci | | | | | | |
| 14. I do herek | by certify that the information supplied | with this filing does not qual | ify for the | exer | mption sta | ated in Section 119.07(3)(i), Fiorida St | atutes. I furth | er certify that | t the |

1. 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 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 bustee 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 a latechylent with an appliess.

SIGNATURE: MANY A

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