

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

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Mar 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000060969 (8)

1. Corporation Name:  
ASBURY PLACE, INC.



Principal Place of Business:

610 U.S. 301 SOUTH  
JACKSONVILLE FL 32234

Mailing Address:

610 U.S. 301 SOUTH  
JACKSONVILLE FL 32234-2800

2. Principal Place of Business:

21 Date: Apt. # etc.

22 City & State

23 Zip Country

2a. Mailing Address:

26 2575 C.R. 220

27 Suite, Apt. # etc.

28 Suite 107  
Middletown, Fla.

29 Zip Country

3. Date Incorporated or Qualified

07/22/1996

3a. Date of Last Report

4. FEI Number

59-33 99669

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SAFER, ELIOT J  
3974 WOODCOCK DRIVE #100  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name JAMES R. MENARD  
82 Street Address (P.O. Box Number is Not Acceptable)  
Suite 107,  
83 2575 C.R. 220  
84 City Middletown FL 85 Zip Code 32068

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 agent 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

Jim, V-P

JAMES R. MENARD

3/19/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. NAME  
D  
2. NAME  
WHITLEY, JOHN  
3. STREET ADDRESS  
610 U.S. 301 SOUTH  
4. CITY- ST- ZIP  
JACKSONVILLE FL 32234  
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14. I, the undersigned, 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 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.

SIGNATURE:

Jim

JAMES R. MENARD

3/17/97

212-5405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0043600

CR2E034 (9/96)