

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

FILED
Jul 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P970000014330**
1. Corporation Name
Ashley Morgan, Inc.

Principal Place of Business: **PO Box 152064 Tampa, FL 33684**
Mailing Address: **19941 Gulf Blvd #2 Indian Shores FL 33785**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 2/6/97	4. FEI Number 59-3423604 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No
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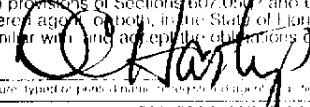
9. Name and Address of Current Registered Agent

DAVID C. HASTINGS CPA
19941 Gulf Blvd. #E
Indian Shores, FL 33785

10. Name and Address of New Registered Agent

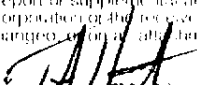
81 Name **Thomas A Hastings**
82 Street Address (P.O. Box Number is Not Acceptable)
19941 Gulf Blvd #E
83
84 City **Ind. Shores FL** 85 Zip Code **33785**

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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE:  **6/26/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP
	PD Thomas A Hastings	PO Box 152064	Tampa, FL 33684		NA	PO Box 152064	Tampa, FL 33684
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 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)(c), 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, along with an address.

SIGNATURE:  **6/26/98** **813 5959539**

CR2E034 (10/97)