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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000051580 (3)

ASHTON ENTERPRISES, INC.

Principal Place	of Business	

Mailing Address

5680 ASHTON ROAD SARASOTA FL 34233

5660 ASHTON ROAD SARASOTA FL 34233

FILED Apr 01 1998 8:00am Secretary of State



Orthopolitie ones					DO NOT WRITE IN THIS SPACE					
								3. Date Incorporated or Qualified 06/10/1997		
2.	2. Principal Place of Business		2a.	. Mailing Address			4. FEI Number Applied For			
21	ī		26]			65 - 07 6 15 63 Not Applicab			
22	Suite, Apt. #, etc.		27	Suite, Apt. #, et	lc.			5. Certificate of Status Desired See Required Fee Required		
23	City & State		28	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
24	Zip	Country 25	29	Zip Country			This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
DENT, JOHN C JR 330 SOUTH ORANGE AVENUE SARASOTA FL 34236			81	Name						
			82	Street Address (P.O. Box Number is Not Acceptable)						
						83				
				*		84	City	FL 85 Zip Code		
11	. Pursuant to the provis	sions of Sections 607.0	502 and 6	07.1508, Florida	Statutes, the a	bove	-named corp	poration submits this statement for the purpose of changing its registere		

office or registered agent, or both in the Salae of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered

agent. Lam tanilitar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered agent and tillo II app	icabin (NOTE: E	Registered Agent signature req	uired when reinstating)	DATE				
12.	OFFICERS AND DIRECTOR		13. ADDITIONS/CHANGES TO OFFI						
TITLE	PRESIDENT	DELETE	1.1 TITLE		Change	Addition			
NAME			1.2 NAME			:			
STREET ADDRESS	6902 Monday (7)		1.3 STREET ADDRESS						
CITY-ST-ZIP	STEPHEN F. Into 6902 Mandarin Rd SACOSTA, 31 34238		1.4 CITY-ST-ZIP						
TITLE		DELETE	2.1 TITLE		Change	Addition			
NAME	Leverie A lab to als		2.2 NAME						
STREET ADDRESS	6900 Manderin Rd Sarasta, 7134237		2.3 STREET ADDRESS	• .					
CITY-ST-ZIP	Saraga 7/34237		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		Change	☐ Addition			
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		DELETE	5.1 TITLE		Change	☐ Addition			
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE	,	DELETE	6.1 TITLE		☐ Change	Addition			
NAME .	•	!	6.2 NAME						
STREET ADDRESS	• -		6.3 STREET ADDRESS						
CITY-ST-ZIP			6.4 CITY - ST - ZIP						

14. Thereby 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: Leurs & Warlowsley LAURIG A. Walmsley 3/16/98