

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90015 033 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000083337**

1. Corporation Name,
ASHMY DEVELOPERS, INC.



Principal Place of Business

**7730 WEST CONGRESS DRIVE
JACKSONVILLE FL 32208**

Mailing Address

**7730 WEST CONGRESS DRIVE
JACKSONVILLE FL 32208**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1998

4. FEI Number

59-3535713

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 the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 7159 Wilson Blvd

26 7159 Wilson Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 JACKSONVILLE FL

28 JACKSONVILLE FL

Zip

Country

Zip

Country

24 32210

25

29 32210

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BENONS, LAMBERT
7730 WEST CONGRESS DRIVE
JACKSONVILLE FL 32208**

81. Name

LAMBERT BENONS

82. Street Address (P.O. Box Number is Not Acceptable)

7159 WILSON BLVD

83.

84. City

JACKSONVILLE FL

85. Zip Code

32210

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 **LAMBERT BENONS PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **BENONS, LAMBERT**
STREET ADDRESS **7730 WEST CONGRESS DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**7159 WILSON BLVD
JACKSONVILLE FL 32210**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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:

LAMBERT BENONS

9/13/99

772-2087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)