FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S42552** **(7)**

1. Corporation Name
ASHTON CONSTRUCTION CO., INC.

Principal Place of Business	Mailing Address
3115 LEON RD JACKSONVILLE FL 32216 US	277 15TH ST ATLANTIC BECH FL 32233 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/02/1991**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business
21 338 N. Brookview Dr
22 Suite, Apt. #, etc.
23 City & State: Jacksonville Fl
24 Zip: 32225
25 County: Duval

2a. Mailing Address
26 338 N. Brookview Dr.
27 Suite, Apt. #, etc.
28 City & State: Jacksonville
29 Zip: Fl
30 Country: Duval

4. FEI Number: **59-3058078** ☐ 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

MILAN, JAY E
277 15TH ST
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

01 Name: Ashton Milam
02 Street Address (P.O. Box Number is Not Acceptable): 218 Peregrine Ct.
03
04 City: Jacksonville **FL** 05 Zip Code: 32225

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: J. Ashton Milam President 4/27/95
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	P	11 TITLE	President	☒ Change ☐ Addition
NAME	DOBBS, DAVID	12 NAME	J. Ashton Milam	
STREET ADDRESS	11560 FT. CAROLINE LAKES ROAD	13 STREET ADDRESS	218 Peregrine Ct	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville, Fl 32225	
TITLE	VSTD	21 TITLE	C.E.O.	☒ Change ☐ Addition
NAME	MILAM, JAY E	22 NAME	Jay E. Milam	
STREET ADDRESS	277 15TH STREET	23 STREET ADDRESS	277 15th St	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	24 CITY-ST-ZIP	Atlantic Beach, Fl	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 added to an attachment with an address.

SIGNATURE: J. Ashton Milam President 4/27/95 (904)642-2378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0019076 CP