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| Requestor's Name | |
| Address | |
| City/State/Zip | Phone # |

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-07/27/98-01114--005

*****87.50 *****87.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Hugh Ash Manor - a Celebration
(Corporation Name) (Document #)
2. of Retirement Living (42)
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED
98 JUL 27 PM 7:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

EX

198-871

| | |
|-------------------|-----|
| Name Availability | NP |
| Document Examiner | NJC |
| Updater | NJC |
| Updater Verifier | NJC |
| Acknowledgement | NJC |
| P. Ver | NJC |

Florida Department of State, Sandra B. Mortham, Secretary of State

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Name & address to whom acknowledgment should be sent:

Richard Lynn, Administrator
HUGH ASH MANOR, INC.
740 N WOODLAND BLVD.
DELAND, FL 32720-2739
(904) 736-2500
Daytime Telephone number

PART I

1. (a) Applicant's name: HUGH ASH MANOR, INC.

(b) Applicant's business address: 740 NORTH WOODLAND BLVD.,

DELAND, FL 32720-2739

City/State/Zip

(c) Applicant's telephone number: (904) 736-2500

☐ Individual ☒ Corporation ☐ Joint Venture ☐ Other: _____
☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,

(1) Florida registration number: 718148 (2) Domicile State: FLORIDA

(3) Federal Employer Identification Number: 59-1349944

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:
(i.e., furniture moving services, diaper services, house painting services, etc.)

financial assisted housing for lower income elderly persons.

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)
letterhead, business cards, advertisements, brochures, labels, posters
yard sign

(Continued)

d) The class(es) in which goods or services fall:

Class 42 Miscellaneous

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: April 14, 1996 (b) Date first used in Florida: April 14, 1996

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

Words only: "Hugh Ash Manor

A Celebration of Retirement Living"

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " Manor and
Retirement Living " APART FROM THE MARK AS SHOWN.

I, EDWIN L. BEST, PRESIDENT, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct

HUGH ASH MANOR, INC.

Typed or printed name of applicant

Edwin L. Best

Applicant's signature or authorized person's signature

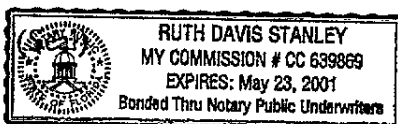
(List name and title) Edwin L. Best, President

STATE OF FLORIDA

COUNTY OF VOLUSTA

On this 15th day of April, 19 98, EDWIN L. BEST, PRESIDENT personally appeared before me,

☒ who is personally known to me ☐ whose identity I proved on the basis of _____



Ruth Davis Stanley
Notary Public Signature

RUTH DAVIS STANLEY
Notary's Printed Name

My Commission Expires: 5/23/01

FEE: \$87.50 per class

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98 JUL 22 PM 7:17
TALAHASSEE, FLORIDA
SECRETARY OF STATE

