

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

FILED

Feb 14 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 345162

(2)

1. Corporation Name

ALDEN ENTERPRISES, INC.



Principal Place of Business

Mailing Address

5858 CENTRAL AVE  
1ST FLOOR  
ST PETERSBURG FL 33707  
US5858 CENTRAL AVE  
1ST FLOOR  
ST PETERSBURG FL 33707-1728  
US

3. Date Incorporated or Qualified

04/25/1969

3a. Date of Last Report

02/14/1996

4. FEI Number

59-1258786

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 11300 Fourth Street North

26 11300 Fourth Street North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 200

27 Suite 200

City &amp; State

City &amp; State

23 St. Petersburg, FL

28 St. Petersburg, FL

Zip Country

Zip Country

24 33716-2940 25 USA

29 33716-2940 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RENFROW, ROBERT P.  
5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
11300 Fourth Street North

83 Suite 200

84 City  
St. Petersburg

FL

85 Zip Code

33716-2940

11. Pursuant to the provisions of Sections 607.02 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

Robert P. Renfrow, Regd. Agent

1/15/97

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 PD  
NAME RENFROW, ROBERT P.  
STREET ADDRESS 5858 CENTRAL AVENUE  
CITY-ST-ZIP ST. PETERSBURG FL☐ DELETE1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 11300 Fourth St. N., Ste. 200  
1.4 CITY-ST-ZIP 33716☒ Change☐ AdditionTITLE VD  
NAME FEATHERSTONE, ROBERT D.  
STREET ADDRESS 5858 CENTRAL AVENUE  
CITY-ST-ZIP ST. PETERSBURG FL☐ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 11300 Fourth St. N., Ste 200  
2.4 CITY-ST-ZIP 33716☒ Change☐ AdditionTITLE V  
NAME RENFROW, ROBERT G  
STREET ADDRESS 5858 CENTRAL AVENUE  
CITY-ST-ZIP ST. PETERSBURG FL☐ DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 11300 Fourth St. N., Ste 200  
3.4 CITY-ST-ZIP 33716☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETE4.1 TITLE S  
4.2 NAME Renfrow, Gennifer J.  
4.3 STREET ADDRESS 11300 Fourth St. N., Ste. 200  
4.4 CITY-ST-ZIP St. Petersburg, FL 33716☐ Change☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP☐ Change☐ Addition

14. I do 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

SIGNATURE REQUIRED

1/15/97

(813) 576-0047

Name typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (9/96)