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AND
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95 MAY -1 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **H14037** (6)

1. Corporation Name
ALPHABETLAND, INC.

Principal Place of Business: **% RICHARD M. KNELLINGER, 2815 N.W. 13TH STREET, SUITE 305, GAINESVILLE FL 32609-2889**
Mailing Address: **% RICHARD M. KNELLINGER, 2815 N.W. 13TH STREET, SUITE 305, GAINESVILLE FL 32609-2889**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/26/1984** 3a. Date of Last Report: **04/29/1994**
4. FEI Number: **59-2440281** 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 the Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
State: **22** State: **27**
City & State: **23** City & State: **28**
City: **24** State: **25** City: **29** State: **30**

9. Name and Address of Current Registered Agent
**KNELLINGER, RICHARD M.
2815 N.W. 13TH STREET
SUITE 305
GAINESVILLE FL 32601**

10. Name and Address of Now Registered Agent
B1 Name: _____
B2 Street Address (if O. Box Number is Not Applicable): _____
B3 _____
B4 City: _____ FL B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.01, 607.02 and 607.03, Florida Statutes, the above named corporation submits the 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 hereby authorized to sign the registration of this corporation under the Florida Statutes.

SIGNATURE: _____ TITLE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME: PTSD POLLARD, FRANCES C.	ADDRESS: 5820 N.W. 33RD STREET GAINESVILLE FL	1. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DST POLLARD, ALAN D.	ADDRESS: 5820 N.W. 33RD STREET GAINESVILLE FL	2. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	ADDRESS: _____	3. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	ADDRESS: _____	4. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	ADDRESS: _____	5. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	ADDRESS: _____	6. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	ADDRESS: _____	7. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	ADDRESS: _____	8. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	ADDRESS: _____	9. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	ADDRESS: _____	10. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 619.01(1)(b), Florida Statutes. I further certify that the information is accurate and complete as of the date of filing. I am not aware of any other information that should be included in this report as required by Chapter 619, Florida Statutes, and that my name appears on the filing of this report as an officer or director with an address.

SIGNATURE: *Frances C. Pollard* 4/24/95 (904) 472-3894
SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR