

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L88979** (4)

1. Corporation Name

**ALLTECH COMMERCIAL SERVICES, INC.**



Principal Place of Business

Mailing Address

**245 W OHIO AVE  
P.O. DRAWER 879  
LAKE HELEN FL 32744  
US**

**P O BOX 255  
P.O. DRAWER 879  
LAKE HELEN FL 32744  
US**

3. Date Incorporated or Qualified  
**07/20/1990**

3a. Date of Last Report  
**06/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 **151 E. Ohio Ave.**

Suite, Apt. #, etc.

22 **P.O. Box 255**

City & State

23 **Lake Helen, FL**

Zip

24 **32744**

Country

25 **USA**

26 **P.O. Box 255**

Suite, Apt. #, etc.

27 **P.O. Box 255**

City & State

28 **Lake Helen, FL**

Zip

29 **32744**

Country

30 **USA**

4. FEI Number  
**59-3022663**

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

10. Name and Address of New Registered Agent

**STOVER, SONNI M  
245 W OHIO AVE  
SUITE B  
LAKE HELEN FL 32744**

81 Name

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

**151 E Ohio Avenue**

83

84 City

**Lake Helen**

FL

85 Zip Code

**32744**

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 **Sonni M. Stover**

**Sonni M. Stover**

**6-5-96**

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

(NOTE: Registered Agent's signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **DP**  
STREET ADDRESS **STOVER, MIKE**  
CITY-ST-ZIP **245 W OHIO AVE**  
**LAKE HELEN FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **151 E Ohio Ave.**  
1.4 CITY-ST-ZIP **Lake Helen, FL 32744**

TITLE ☐ DELETE  
NAME **DST**  
STREET ADDRESS **STOVER, SONNI**  
CITY-ST-ZIP **245 OHIO AVE**  
**LAKE HELEN FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **151 E Ohio Ave.**  
2.4 CITY-ST-ZIP **Lake Helen, FL 32744**

TITLE ☐ DELETE  
NAME **V**  
STREET ADDRESS **STOVER, THOMAS**  
CITY-ST-ZIP **895 DARBONNE RD**  
**DELAND FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Sonni M. Stover** **Sonni M. Stover** **904-228-0733**  
Signature, typed or printed name of signing officer or director Date