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Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

151 E. OHIO AVE.
P.O. BOX 255
LAKE HELEN FL 32744
US

Mailing Address

P.O. BOX 255
P.O. DRAWER 879
LAKE HELEN FL 32744-0879
US



3. Date Incorporated or Qualified

07/20/1990

3a. Date of Last Report

06/10/1996

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

2. Principal Place of Business

21 170 N. Summit Av

2a. Mailing Address

26 P.O. Box 255

Suite, Apt. #, etc.

22 P.O. Box 255

Suite, Apt. #, etc.

City & State

23 Lake Helen FL

City & State

28 Lake Helen FL

Zip

24 32744

Country

25 US

Zip

29 32744

Country

30 US

9. Name and Address of Current Registered Agent

STOVER, SONNI M
151 E. OHIO AVE.
SUITE B
LAKE HELEN FL 32744

10. Name and Address of New Registered Agent

81 Name

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

83 170 N. Summit Ave.

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

1-6-97

Signature typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP

NAME STOVER, MIKE

STREET ADDRESS 151 E. OHIO AVE.

CITY-ST-ZIP LAKE HELEN FL

TITLE DST

NAME STOVER, SONNI

STREET ADDRESS 151 E. OHIO AVE.

CITY-ST-ZIP LAKE HELEN FL

TITLE V

NAME STOVER, THOMAS

STREET ADDRESS 695 DARBONNE RD

CITY-ST-ZIP DELAND FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS 170 N. Summit Ave.

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS 170 N. Summit Ave.

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, unchanged, or on an attachment with an address.

SIGNATURE:

Sonni M. Stover

Sonni M. Stover

1-6-97

904-228-

Date

Daytime Phone #

0733

CR2E034 (9/96)