

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

FILED
Apr 21 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 # P93000012275 (2)

1. Corporation Name

ALDA MANAGEMENT SYSTEMS, INC.

Principal Place of Business

Mailing Address

901 Beryl Drive
Rockledge, FL 32955

P. O. Box 560249
Rockledge, FL 32956-0249

3. Date Incorporated or Qualified

3a. Date of Last Report

02/10/93

4. FEI Number

Applied For

59-3169356

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

2a. Mailing Address

21

26

State, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

David Y. Chappell
901 Beryl Drive
Rockledge, FL 32955

81. Name

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

83

84. City

FL

85. Zip Code

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME
Chappell, David Y.
901 Beryl Drive
Rockledge, FL 32955

1.2 TITLE ☐ DELETE

NAME
VPST
Chappell, Lois C.
901 Beryl Drive
Rockledge, FL 32955

1.3 TITLE ☐ DELETE

NAME
Chappell, Lois C.
901 Beryl Drive
Rockledge, FL 32955

1.4 TITLE ☐ DELETE

NAME
Chappell, Lois C.
901 Beryl Drive
Rockledge, FL 32955

1.5 TITLE ☐ DELETE

NAME
Chappell, Lois C.
901 Beryl Drive
Rockledge, FL 32955

1.6 TITLE ☐ DELETE

NAME
Chappell, Lois C.
901 Beryl Drive
Rockledge, FL 32955

1.7 TITLE ☐ DELETE

NAME
Chappell, Lois C.
901 Beryl Drive
Rockledge, FL 32955

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

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

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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***165.00

14. I 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois C. Chappell VPST 4/15/97

Date

Daytime Phone #

407-638-4149

CR2E034 (9/96)