

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V10829 (2)

1. Corporation Name

A.L.S.C.O. OF JACKSONVILLE, INC.



Principal Place of Business

3633 LENOX AVE
JACKSONVILLE FL 32205

Mailing Address

3633 LENOX AVE
JACKSONVILLE FL 32205

3. Date Incorporated or Qualified
01/31/1992

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

21 3633 Lenox Avenue

2a. Mailing Address

26 3633 Lenox Avenue

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

JACKSONVILLE, FL

28 City & State

JACKSONVILLE, FLORIDA

24 Zip

32205

Country U.S.

25 DUVAL

29 Zip

32205

Country U.S.

30

4. FEI Number

59-3103155

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

CARTER, THOMAS G., JR.
3633 LENOX AVENUE
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

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

Signature for the corporation (if the corporation is not a corporation)

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	☐ DELETE
NAME	CARTER, THOMAS G., JR.	
STREET ADDRESS	3633 LENOX AVE	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	T	☐ DELETE
NAME	CARTER, THOMAS G.	
STREET ADDRESS	3633 LENOX AVE	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas G Carter Jr

285W96

914-381-7605

CR2E034 (12/95)