

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V31430** (4)

1. Corporation Name
ALAMO I, INC.



Principal Place of Business
**2951 CLARK RD.
SARASOTA FL 34231**

Mailing Address
**2951 CLARK RD.
SARASOTA FL 34231**

3. Date Incorporated or Qualified 04/24/1992	3a. Date of Last Report 02/17/1995
4. FEI Number 65-0330104	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	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**GARNER, JOHN W.
2951 CLARK RD.
SARASOTA FL 34231**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	
85. Zip Code	

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(6), 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 obligation of, Section 607.05(6), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

NAME	DP	☐ DELETE
STREET ADDRESS	GARNER, JOHN W.	
CITY, STATE, ZIP	2951 CLARK ROAD	
TITLE	SARASOTA FL	
NAME	DST	☐ DELETE
STREET ADDRESS	GARNER, VIRGENE	
CITY, STATE, ZIP	5642 ASHTON LAKE DRIVE	
TITLE	SARASOTA FL 34231	
NAME		☐ DELETE
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		
NAME		☐ DELETE
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		
NAME		☐ DELETE
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	☐ Change ☐ Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, STATE, ZIP	
15. TITLE	☐ Change ☐ Addition
16. NAME	
17. STREET ADDRESS	
18. CITY, STATE, ZIP	
19. TITLE	☐ Change ☐ Addition
20. NAME	
21. STREET ADDRESS	
22. CITY, STATE, ZIP	
23. TITLE	☐ Change ☐ Addition
24. NAME	
25. STREET ADDRESS	
26. CITY, STATE, ZIP	
27. TITLE	☐ Change ☐ Addition
28. NAME	
29. STREET ADDRESS	
30. CITY, STATE, ZIP	
31. TITLE	☐ Change ☐ Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, STATE, ZIP	
35. TITLE	☐ Change ☐ Addition
36. NAME	
37. STREET ADDRESS	
38. CITY, STATE, ZIP	
39. TITLE	☐ Change ☐ Addition
40. NAME	
41. STREET ADDRESS	
42. 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 filing 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. GARNER

1-19-96 941 9242330

CR2E034 (12/95)