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

CR2E034 (12/95)

DOCUMENT # 187378 (5)

1. Corporation Name
ALFORD RESORTS, INC.

Principal Place of Business
HOPEWELL CHURCH RD
P O BOX 1145
PINE MOUNTAIN GA 31822

Mailing Address
HOPEWELL CHURCH RD
P O BOX 1145
PINE MOUNTAIN GA 31822

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: 08/26/1955
3a. Date of Last Report: 06/20/1995
4. FEI Number: 25-5165409 — ☐ 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**

ALFORD, TED
11619 FRONT BEACH
SUITE 102
P.C.B. FL 3240~~1~~ 7

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

Field	Entry	
TITLE	P	☐ DELETE
NAME	ALFORD,TED L	
STREET ADDRESS	11619 FRONT BEACH RD.	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	V	☐ DELETE
NAME	MCDANIEL, SARA	
STREET ADDRESS	1844 OVERLOOK ST	
CITY-ST-ZIP	COLUMBUS GA	
TITLE	V	☐ DELETE
NAME	PICKLE, LINDA LOU	
STREET ADDRESS	1077 PRINCTON WALK	
CITY-ST-ZIP	MARIETTA GA	
TITLE	V	☐ DELETE
NAME	ESTES, DEANE	
STREET ADDRESS	2034 COUNTRY CLUB RD.	
CITY-ST-ZIP	COLUMBUS GA	
TITLE	ST	☐ DELETE
NAME	ALFORD, LINDA M.	
STREET ADDRESS	11619 FRONT BEACH RD,. #102	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	
1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☒ Change ☐ Addition
2 NAME	MCDANIEL, SARA — ADDRESS	
2 STREET ADDRESS	6228 KAREN CT.	
2 CITY-ST-ZIP	COLUMBUS, GA. 31907	
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 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)(x), 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 on an attachment with an address.

SIGNATURE: Linda Alford — 1-17-96 — 1-904-235-6759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

LINDA ALFORD — 1-904-[illegible]