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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90065 011 ***150.00



PROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 187378

1. Corporation Name
ALFORD RESORTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
ALFORD, TED
11619 FRONT BEACH
PINE MOUNTAIN GA 31822
US

Mailing Address
~~HOPEWELL CHURCH RD~~
~~P.O. BOX 1115~~
~~PINE MOUNTAIN GA 31822~~

3. Date Incorporated or Qualified
08/26/1955

2. Principal Place of Business
21

2a. Mailing Address
26 *1923 MARINA COVE CT.*

Suite, Apt. #, etc.
22 Suite, Apt. #, etc. **27**

City & State
23 *COLUMBUS, GA.*

Zip Country
24 *31904* **25** *GA* **29** *31904* **30** *GA*

4. FEI Number
59-0751561

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
ALFORD, TED
11619 FRONT BEACH
SUITE 102
PANAMA CITY BEACH FL 32407

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFORD, TED L	1.2 NAME	
STREET ADDRESS	11619 FRONT BEACH RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, SARA A	2.2 NAME	
STREET ADDRESS	2345 GURLEY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS GA 31904	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKLE, LINDA A	3.2 NAME	
STREET ADDRESS	1077 PRINCTON WALK	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTES, DIANNE H	4.2 NAME	
STREET ADDRESS	2034 COUNTRY CLUB RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS GA	4.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFORD, LYNDA M	5.2 NAME	
STREET ADDRESS	11619 FRONT BEACH RD. #101	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **1-12-99** **706-571-3108**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)