

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90065 011 ***150.00

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 1145
PINE MOUNTAIN GA 31822

3. Date Incorporated or Qualified

08/26/1955

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 623 MARINA COVE CT.
Suite, Apt. #, etc.

27 City & State

28 COLUMBUS, GA
Zip Country

29 31904

30 MISSISSIPPI

4. FEI Number

59-0751561

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P
NAME ALFORD, TED L
STREET ADDRESS 11619 FRONT BEACH RD.
CITY-ST-ZIP PANAMA CITY BEACH FL 32407

TITLE V
NAME MCDANIEL, SARA A
STREET ADDRESS 2345 GURLEY DR
CITY-ST-ZIP COLUMBUS GA 31904

TITLE V
NAME PICKLE, LINDA A
STREET ADDRESS 1077 PRINCETON WALK
CITY-ST-ZIP MARIETTA GA

TITLE V
NAME ESTES, DIANNE H
STREET ADDRESS 2034 COUNTRY CLUB RD.
CITY-ST-ZIP COLUMBUS GA

TITLE ST
NAME ALFORD, LYNDIA M
STREET ADDRESS 11619 FRONT BEACH RD. #101
CITY-ST-ZIP PANAMA CITY BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-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-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99 706-571-3108
Date Daytime Phone #

CR2E034 (11/98)