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 # 212383 **(4)**

1. Corporation Name
ALTON ROAD AUTO TAG INC

Principal Place of Business
1229 PLACID DRIVE
P.O. BOX 426
LAKE PLACID FL 33852

Mailing Address
1229 PLACID DRIVE
P.O. BOX 426
LAKE PLACID FL 33852

3. Date Incorporated or Qualified: 05/23/1958
3a. Date of Last Report: 01/31/1995
4. FEI Number: 59-0841453 ☐ 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
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

9. Name and Address of Current Registered Agent

PORTER,H A
1229 PLACID DRIVE, P.O. BOX 426
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent

81 Name: Porter, K.L.
82 Street Address (P.O. Box Number is Not Acceptable): 1229 Placid Drive
83
84 City: Lake Placid FL 85 Zip Code: 33852

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: K. L. Porter PSTD 3-14-96
Signature, typed or printed name of registered agent and title if applicable DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	☐ DELETE	1.1 TITLE	PSTD ☒ Change ☐ Addition
NAME	PORTER,K L		1.2 NAME	Porter, K.L.
STREET ADDRESS	1229 PLACID DR.PO BX 426		1.3 STREET ADDRESS	1229 Placid Drive, P.O. Box 426
CITY-ST-ZIP	LAKE PLACID FL		1.4 CITY-ST-ZIP	Lake Placid, Fl 33852
TITLE	PD	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PORTER,H A		2.2 NAME	
STREET ADDRESS	1229 PLACID DR.PO BX 426		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 on an attachment with an address.

SIGNATURE: K. L. Porter 3-14-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #