

ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

95 APR 19 AM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 226289 (7)

1. Corporation Name
ALDERMAN PROPERTIES INC

Principal Place of Business

Mailing Address

PO BOX 585325
ORLANDO FL 32858

PO BOX 585325
ORLANDO FL 32858

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

07/25/1959

04/25/1994

4. FEI Number

59-6072985

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 has liability for intangible tax under S. 189.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

26 Suits, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALDERMAN RALPH S
7211 SEAMANS BLUFF
ORLANDO FL 32835

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

TITLE DV
NAME WOODARD, BARBARA V
STREET ADDRESS 4802 MELODY LANE
CITY - ST - ZIP LAKELAND FL

TITLE SD
NAME ALDERMAN, HATTIEMAY
STREET ADDRESS 9808 MORTON JONES RD
CITY - ST - ZIP GOTHA FL

TITLE P
NAME ALDERMAN, RALPH S.
STREET ADDRESS 7211 SEAMANS BLUFF
CITY - ST - ZIP ORLANDO FL

TITLE DT
NAME ALDERMAN, RALPH D.
STREET ADDRESS 9808 MORTON JONES RD
CITY - ST - ZIP GOTHA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

Ralph S. Alderman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RALPH S. ALDERMAN

4-12-95 407-293-8480
Date (Time if later)