

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

FILED

Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 415957 (0)
1. Corporation Name
ALFA INVESTMENT CORPORATION

Principal Place of Business
2108 E SOUTH BLVD BOX 11000
MONTGOMERY AL 36116-2410

Mailing Address
2108 E SOUTH BLVD BOX 11000
MONTGOMERY AL 36116-2410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/03/1973	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 63-0644262	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CULVERHOUSE, TOMLINSON, MILLS, DECARIO N & ANDERSON, 655 FLORIDA NATL BANK BLDG. JACKSONVILLE FL 32202				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
P	MYRICK, GOODWIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2108 EAST SOUTH BLVD.		1.3 STREET ADDRESS	
MONTGOMERY AL		1.4 CITY-ST-ZIP	
VT	RICHARDSON, B. PHIL	2.1 TITLE	2.2 NAME
2108 E SOUTH BLVD		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
MONTGOMERY AL		2.5 TITLE	2.6 NAME
S	WALLIS, KEN	3.1 TITLE	3.2 NAME
2108 EAST SOUTH BLVD.		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
MONTGOMERY AL		3.5 TITLE	3.6 NAME
V	ELLIS, C. LEE	4.1 TITLE	4.2 NAME
2108 E SOUTH BLVD		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
MONTGOMERY AL		4.5 TITLE	4.6 NAME
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		5.5 TITLE	5.6 NAME
		6.1 TITLE	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.

SIGNATURE: *David R. Porter* V.P. Taxes

CP2E034 (10/97)