

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

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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90214 013 ***150.00

05/26/99

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 415957

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

3. Date incorporated or Qualified
01/03/1973

4. FEI Number
63-0644262

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

2. Principal Place of Business

21 22 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country

2a. Mailing Address

26 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country

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 **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

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	MYRICK, GOODWIN
STREET ADDRESS	2108 EAST SOUTH BLVD.
CITY-ST-ZIP	MONTGOMERY AL
TITLE	VT <input checked="" type="checkbox"/> DELETE
NAME	WALLIS, ISEN
STREET ADDRESS	2108 E SOUTH BLVD
CITY-ST-ZIP	MONTGOMERY AL
TITLE	S <input type="checkbox"/> DELETE
NAME	SCOTT, H. AL
STREET ADDRESS	2108 EAST SOUTH BLVD.
CITY-ST-ZIP	MONTGOMERY AL
TITLE	V <input type="checkbox"/> DELETE
NAME	ELLIS, C. LEE
STREET ADDRESS	2108 E SOUTH BLVD
CITY-ST-ZIP	MONTGOMERY AL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	President
1.3 STREET ADDRESS	Newby, Fern A
1.4 CITY-ST-ZIP	20405 Mableville Road Athens AL 35613
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vice President
2.3 STREET ADDRESS	David R. Procter
2.4 CITY-ST-ZIP	2108 East South Blvd Montgomery AL 36111
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: David R. Procter DATE: _____ DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)