

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90311 001 ***150.00

DOCUMENT # 415957

1. Entity Name

ALFA INVESTMENT CORPORATION

Principal Place of Business

Mailing Address

2108 E SOUTH BLVD BOX 11000
 MONTGOMERY AL 36116-2410

PO BOX 11189
 MONTGOMERY AL 36111-0189

708200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-0644262

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CULVERHOUSE, TOMLINSON, MILLS, DECARIO
 N & ANDERSON, 655 FLORIDA NATL BANK BLDG.
 JACKSONVILLE FL 32202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P NEWBY, JERN A**
 STREET ADDRESS **20405 MOOREVILLE RD.**
 CITY-ST-ZIP **ATHENS AL 35613**

TITLE Change Addition
 NAME **Newby, Jerry A.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP PROCTOR, DAVID R**
 STREET ADDRESS **2108 EUST SOUTH BLVD.**
 CITY-ST-ZIP **MONTGOMERY AL 36111**

TITLE Change Addition
 NAME
 STREET ADDRESS **montgomery AL 36111**
 CITY-ST-ZIP

TITLE Delete
 NAME **S SCOTT, H. AL**
 STREET ADDRESS **2108 EAST SOUTH BLVD.**
 CITY-ST-ZIP **MONTGOMERY AL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V ELLIS, C. LEE**
 STREET ADDRESS **2108 E SOUTH BLVD**
 CITY-ST-ZIP **MONTGOMERY AL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David R. Proctor*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-01
 Date

334-613-4498
 Daytime Phone #

CR2E034 (10/00)