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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 514097 (5)  
1. Corporation Name  
ALOFUS, INC.

Principal Place of Business Mailing Address  
1500 SAM NUNN BLVD 1500 SAM NUNN BLVD  
PO BOX 1012 PO BOX 1012  
PERRY GA 31069 PERRY GA 31069

3. Date Incorporated or Qualified 10/13/1976 3a. Date of Last Report 02/04/1994  
4. FEI Number 58-1317906 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  
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 26  
22 27  
23 28  
24 29 30

9. Name and Address of Current Registered Agent  
GELB, MONROE, ESQ.  
3400 S.W. THIRD AVENUE  
MIAMI FL 33145

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 \_\_\_\_\_ (Signature types in printed name of registered agent and file # appropriate) (Date) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLEZAK, JOHN	1.2 NAME	
STREET ADDRESS	1500 SAM NUNN BLVD.	1.3 STREET ADDRESS	
CITY ST ZIP	PERRY GA	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLEZAK, IRENE C.	2.2 NAME	
STREET ADDRESS	1500 SAM NUNN BLVD.	2.3 STREET ADDRESS	
CITY ST ZIP	PERRY GA	2.4 CITY ST ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLEZAK, IRENE C.	3.2 NAME	
STREET ADDRESS	1500 SAM NUNN BLVD.	3.3 STREET ADDRESS	
CITY ST ZIP	PERRY GA	3.4 CITY ST ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLEZAK, JOHN	4.2 NAME	
STREET ADDRESS	1500 SAM NUNN BLVD.	4.3 STREET ADDRESS	
CITY ST ZIP	PERRY GA	4.4 CITY ST ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, CHARLES	5.2 NAME	
STREET ADDRESS	112 OAK LAKE DRIVE	5.3 STREET ADDRESS	
CITY ST ZIP	PERRY GA	5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 119.07(3)(a), 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 responsible 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 in an attachment with an address.

SIGNATURE: *Charles J Evans* Charles J Evans 20 APR 95 912-987-1345  
SIGNATURE AND TYPE IN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)