

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Feb 15, 1999 8:00am**  
**Secretary of State**

02-15-1999 90025 046 \*\*\*150.00

DOCUMENT # 514097

1. Corporation Name  
ALOFUS, INC.

Principal Place of Business

1500 SAM NUNN BLVD  
PO BOX 1012  
PERRY GA 31069

Mailing Address

1500 SAM NUNN BLVD  
PO BOX 1012  
PERRY GA 31069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1976

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

City & State

23 Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GELB, MONROE, ESQ.  
3400 S.W. THIRD AVENUE  
MIAMI FL 33145

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 ☐ DELETE

NAME  
PD  
SLEZAK, JOHN  
STREET ADDRESS  
1500 SAM NUNN BLVD.  
CITY-ST-ZIP  
PERRY GA

TITLE ☐ DELETE

NAME  
D  
SLEZAK, IRENE C.  
STREET ADDRESS  
1500 SAM NUNN BLVD.  
CITY-ST-ZIP  
PERRY GA

TITLE ☐ DELETE

NAME  
S  
SLEZAK, IRENE C.  
STREET ADDRESS  
1500 SAM NUNN BLVD.  
CITY-ST-ZIP  
PERRY GA

TITLE ☐ DELETE

NAME  
T  
SLEZAK, JOHN  
STREET ADDRESS  
1500 SAM NUNN BLVD.  
CITY-ST-ZIP  
PERRY GA

TITLE ☐ DELETE

NAME  
VP  
EVANS, CHARLES  
STREET ADDRESS  
112 OAK LAKE DRIVE  
CITY-ST-ZIP  
PERRY GA

TITLE ☐ DELETE

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 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:

*Charles Evans*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*20 Jan 99*  
Date

*912-987-1345*  
Daytime Phone #

CR2E034 (1/1/98)