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**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90016 042 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 712846**

1. Corporation Name

**ALCO HALF WAY HOUSE, INC.**

Principal Place of Business

1120 HUBBARD STREET  
 JACKSONVILLE FL 32206

Mailing Address

1120 HUBBARD STREET  
 JACKSONVILLE FL 32206



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/31/1967

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-6203034

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

24 Zip

25 Country

28 Zip

29 Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOTHSCHUTZ, PAUL**  
**3339 ALDRIDGE MALL ROAD**  
**JACKSONVILLE FL 32250**

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME PD  
 STREET ADDRESS LOTHSCHUTZ, PAUL  
 3339 ALDRIDGE MALL RD  
 CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME VD  
 STREET ADDRESS LLOYD, SAMUEL  
 49 WEST 6TH STREET  
 CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS 223 FLORIDA BLVD #A  
 2.4 CITY-ST-ZIP NEPTUNE BEACH FL 32266-4973

TITLE  DELETE  
 NAME ~~D~~  
 STREET ADDRESS ~~GAGNON, ROLAND~~  
~~1120 HUBBARD STREET~~  
 CITY-ST-ZIP ~~JACKSONVILLE FL~~

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS D  
 3.4 CITY-ST-ZIP JAME P JACKSON JR  
 10230 BOACH BLVD  
 JACKSONVILLE FL 32246

TITLE  DELETE  
 NAME SD  
 STREET ADDRESS OHARA, VINCENT  
 1120 HUBBARD ST.  
 CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME TD  
 STREET ADDRESS BROOKS III, THOMAS W.  
 1301 GULF LIFE DRIVE, #204  
 CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME ~~D~~  
 STREET ADDRESS  
 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 617, 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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/98 (904) 355-1334  
 Date Daytime Phone #

CR2E037 (11/98)