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Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725179 (6)

1. Corporation Name  
THE ALCOSA INC

Principal Place of Business

Mailing Address

292 4TH AVE S  
NAPLES FL 34102  
US

292 4TH AVE S  
NAPLES FL 34102  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/04/1973

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name ROSE MARY POLLARD, TREAS  
82 Street Address (P.O. Box Number is Not Acceptable)  
292-4 TH AVE. S.  
83 NAPLES  
84 City  
85 Zip Code FL 34102

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 Rose Mary Pollard

(NOTE: Registered Agent signature required when reinstating)

2/11/98  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HOFFMAN, HOWARD  
STREET ADDRESS 298 FOURTH AVE SOUTH  
CITY-ST-ZIP NAPLES FL  
RES. ☐ DELETE  
DIRECTOR

TITLE T  
NAME POLLARD, ROSEMARY  
STREET ADDRESS 292 FOURTH AVE SOUTH  
CITY-ST-ZIP NAPLES FL  
TREAS. ☐ DELETE

TITLE D  
NAME POLLARD, GEORGE  
STREET ADDRESS 292 FOURTH AVE SOUTH  
CITY-ST-ZIP NAPLES FL  
DIRECTOR ☐ DELETE

TITLE S  
NAME GUBSER, CAROL  
STREET ADDRESS 294 FOURTH AVE SOUTH  
CITY-ST-ZIP NAPLES FL  
SECRETARY ☐ DELETE

TITLE VPD  
NAME MARSHALL, GEORGE  
STREET ADDRESS 298 4TH AVE  
CITY-ST-ZIP NAPLES FL  
VICE-PRES. ☐ DELETE  
DIRECTOR

TITLE D  
NAME MARSHALL, DOROTHY  
STREET ADDRESS 298 FOURTH AVE SOUTH  
CITY-ST-ZIP NAPLES FL  
DIRECTOR ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rose Mary Pollard 941-261-1359

CR2037 (10/97)