FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:31

DOCUMENT # 765225 (8)

1. Corporation Name

FLO - ALA LOCKSMITHS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% BEN MARSHAL 6 COMET ST., S.W. FORT WALTON BEACH FL 32548	% BEN MARSHAL 6 COMET ST., S.W. FORT WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1982
3a. Date of Last Report: 06/06/1994
4. FEI Number: 59-1977194 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. 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 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARSHALL, BEN 6 COMET ST SW FT WALTON BCH FL 32548	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WEEKS, ROY	12 NAME	
STREET ADDRESS	P. O. BOX 1374 N/A	13 STREET ADDRESS	
CITY-ST-ZIP	FOLEY AL	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	MORRIS, WILLIAM L JR.	22 NAME	
STREET ADDRESS	906 W. MICHIGAN AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	ADAMS, SCOTT	32 NAME	
STREET ADDRESS	1105 W. THARP ST.	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	
TITLE	GA	41 TITLE	☐ Change ☐ Addition
NAME	HAYES, CHARLES	42 NAME	
STREET ADDRESS	5507 HARVEY ST	43 STREET ADDRESS	
CITY-ST-ZIP	CALLAWAY FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, DANA	52 NAME	
STREET ADDRESS	16208 SKY AVE	53 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MARSHALL, BEN	62 NAME	
STREET ADDRESS	6 COMET ST SW	63 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH FL	64 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)(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: William L Morris, Jr. William L Morris, Jr. 4-10-95 (904) 433-5118
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #

607083