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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765225

1. Corporation Name

FLO - ALA LOCKSMITHS ASSOCIATION, INC.

Principal Place of Business

C/O MORRIS LOCK & SAFE
906 W. MICHIGAN AVE
PENSACOLA FL 32505
US

Mailing Address

C/O MORRIS. BILL
906 W. MICHIGAN AVE
PENSACOLA FL 32505
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	09/28/1982
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1977194
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MORRIS, WILLIAM L
906 W. MICHIGAN AVE.
PENSACOLA FL 32505

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, KENNITH	1.2 NAME	Tom Tate
STREET ADDRESS	4664 HIGHWAY 90	1.3 STREET ADDRESS	1495 Creighton Road
CITY-ST-ZIP	MARIANNA FL	1.4 CITY-ST-ZIP	Pensacola, FL 32504
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	MORRIS, WILLIAM L JR.	2.2 NAME	
STREET ADDRESS	906 W. MICHIGAN AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATE, THOMAS	3.2 NAME	Larry Kiepke
STREET ADDRESS	1495 CREIGHTON ROAD	3.3 STREET ADDRESS	6 Comet Street
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	Fort Walton Beach, FL 32548
TITLE	GA <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	HAYES, CHARLES	4.2 NAME	
STREET ADDRESS	5507 HARVEY ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAWAY FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	JOHNSON, DANA	5.2 NAME	
STREET ADDRESS	16208 SKY AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	MARSHALL, BEN	6.2 NAME	
STREET ADDRESS	6 COMET ST SW	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH FL	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:

William L. Morris
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-99

Date

(850) 433-5118

Daytime Phone #

CR2E037 (11/98)