

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 12 AM 8:13

DOCUMENT # 818119 (0)

1. Corporation Name

ALCON ASSOCIATES, INC.

Principal Place of Business

POST OFFICE BOX 3410
201 BALDWIN DRIVE
ALBANY GA 31708

Mailing Address

POST OFFICE BOX 3410
201 BALDWIN DRIVE
ALBANY GA 31708

DO NOT WRITE IN THIS SPACE

2. Date Incorporated or Qualified

08/14/1964

3a. Date of Last Report

03/10/1994

4. FEI Number

58-0943488

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

ROBINSON, DONALD A
C/O SURETY UNDERWRITERS
3304 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	NEWELL, ROY
STREET ADDRESS	201 BALDWIN DR.
CITY - ST - ZIP	ALBANY GA
TITLE	DVS
NAME	COLEMAN, H. CRAIG
STREET ADDRESS	201 BALDWIN DR.
CITY - ST - ZIP	ALBANY GA
TITLE	TD
NAME	WORTMAN, J.W.
STREET ADDRESS	201 BALDWIN DR.
CITY - ST - ZIP	ALBANY GA
TITLE	PD
NAME	BRYAN, L.D. III
STREET ADDRESS	201 BALDWIN DR.
CITY - ST - ZIP	ALBANY GA
TITLE	VD
NAME	HUNKLE, JOE
STREET ADDRESS	201 BALDWIN DRIVE
CITY - ST - ZIP	ALBANY GA
TITLE	VD
NAME	FRANCE, DANIEL G.
STREET ADDRESS	201 BALDWIN DR.
CITY - ST - ZIP	ALBANY GA

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	DVS
2.3 STREET ADDRESS	HUNKLE, JOE
2.4 CITY - ST - ZIP	201 BALDWIN DRIVE ALBANY, GA
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE:

J.W. WORTMAN
J.W. Wortman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-5-95

912-432-7411

Date

Telephone