

FILE NOW: FILING FEE AFTER MAY 1

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Jun 10, 1999 8:00 am
Secretary of State
 06-10-1999 90024 017 ***550.00

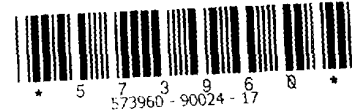
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00144

**PROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA
 DIVISION



DOCUMENT # 818119

1. Corporation Name

ALCON ASSOCIATES, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 3410
 201 BALDWIN DRIVE
 ALBANY GA 31708

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 201 BALDWIN DRIVE
 ALBANY GA 31708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1964

4. FEI Number

58-0943488

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. This corporation owes the current year intangible
 Personal Property Tax

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 of person or persons of registered agent and his or her signature

Signature of Registered Agent (signature required when alternating)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	VD						
	NEWELL, ROY	201 BALDWIN DR.	ALBANY GA				
	DVS						
	HUNKELE, JOE	201 BALDWIN DR.	ALBANY GA				
	TD						
	WORTMAN, J.W.	201 BALDWIN DR.	ALBANY GA				
	PD						
	BRYAN, L.D.III	201 BALDWIN DR.	ALBANY GA				
	VD						
	MCDANIEL, NOEL	201 BALDWIN DR.	ALBANY GA				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	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 607, 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

DATE

Signature Filing #

CR2E034 (11/98)