FILE NOW: FILING FEE AFTER MAY 1

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA

DIVISION

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

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DOCUMENT # 818119

1. Corporation Name

ALCON ASSOCIATES, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 3410 201 BALDWIN DRIVE ALBANY GA 31708	POST OFFICE BOX 3410 201 BALDWIN DRIVE ALBANY GA 31708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/14/1964

21 2. Principal Place of Business	26 2a. Mailing Address	4. FEI Number: 58-0943488	☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24 Zip 25 Country	29 Zip 30 Country	7. This corporation owes the current year Intangible Personal Property Tax	☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New 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 _____ DATE _____
Signature, Typed or Printed Name of Registered Agent and Title if Applicable (DATE: Registered Agent signature required when submitting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	NEWELL, ROY	12 NAME	
STREET ADDRESS	201 BALDWIN DR.	13 STREET ADDRESS	
CITY-ST-ZIP	ALBANY GA	14 CITY-ST-ZIP	
TITLE	DVS ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	HUNKELE, JOE	22 NAME	
STREET ADDRESS	201 BALDWIN DR.	23 STREET ADDRESS	
CITY-ST-ZIP	ALBANY GA	24 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	WORTMAN, J.W.	32 NAME	
STREET ADDRESS	201 BALDWIN DR.	33 STREET ADDRESS	
CITY-ST-ZIP	ALBANY GA	34 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	BRYAN, L.D.III	42 NAME	
STREET ADDRESS	201 BALDWIN DR.	43 STREET ADDRESS	
CITY-ST-ZIP	ALBANY GA	44 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	MCDANIEL, NOEL	52 NAME	
STREET ADDRESS	201 BALDWIN DR	53 STREET ADDRESS	
CITY-ST-ZIP	ALBANY GA	54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)