CORPORATION ANNUAL REPORT 1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR 18 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F69119 (8)

1. Corporation Name
ALICE J. CHRISTENSEN INC.

Principal Place of Business	Mailing Address
% ALICE J CHRISTENSEN 995 CORVETTE DRIVE LARGO FL 34641-1108	% ALICE J CHRISTENSEN 995 CORVETTE DRIVE LARGO FL 34641-1108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1982
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business	2a. Mailing Address
21 1847 SUNRISE BLVD	26 1847 SUNRISE BLVD
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 CLEARWATER, FL	City & State 28 CLEARWATER, FL
Zip 24 34620 Country 25 PINELLAS	Zip 29 34620 Country 30 PINELLAS

4. FEI Number: 59-2182626 ☐ 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
8. Has corporation had liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHRISTENSEN, ALICE J. 995 CORVETTE DRIVE LARGO FL 33541	81 Name: HOSKING, BRUCE W 82 Street Address (P.O. Box Number is Not Acceptable): 1847 SUNRISE BLVD 83 84 City: CLEARWATER FL 85 Zip Code: 34620

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] BRUCE W HOSKING VICE PRESIDENT/DIRECTOR APRIL 12, 1995
(Signature of the person named as registered agent in item 10) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	11 TITLE		☐ Change ☐ Addition
NAME	HOSKING, BRUCE W	12 NAME		
STREET ADDRESS	1847 SUNRISE BLVD	13 STREET ADDRESS		
CITY ST ZIP	CLEARWATER FL	14 CITY ST ZIP		
TITLE	VPT	21 TITLE	P S T	☒ Change ☐ Addition
NAME	LECUREUX, MICHELE A	22 NAME	LECUREUX, MICHELE A	
STREET ADDRESS	995 CORVETTE DR	23 STREET ADDRESS	1847 SUNRISE BLVD	
CITY ST ZIP	LARGO FL	24 CITY ST ZIP	CLEARWATER FL 34620	
TITLE	VPD	31 TITLE		☐ Change ☐ Addition
NAME	LECRUEUX, TIMOTHY R	32 NAME		
STREET ADDRESS	2121 W SEWAHA	33 STREET ADDRESS		
CITY ST ZIP	TAMPA FL	34 CITY ST ZIP		
TITLE	[illegible]	41 TITLE		☐ Change ☐ Addition
NAME	[illegible]	42 NAME		
STREET ADDRESS	[illegible]	43 STREET ADDRESS		
CITY ST ZIP	[illegible]	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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 607, Florida Statutes; and that my name appears in Block 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] April 12, 1995 (813) 535-1947
(Signature and Typed or Printed Name of Officer or Director) (Date) (Daytime Phone #)
BRUCE W HOSKING, VICE PRESIDENT/DIRECTOR

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