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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F92571** **(1)**

1. Corporation Name
R. ALAN, INC.

Principal Place of Business	Mailing Address
% RICHARD ALAN DUCKETT 641 S.E. STREAMLET AVE. PT ST LUCIE FL 34983	% RICHARD ALAN DUCKETT 641 S.E. STREAMLET AVE. PT ST LUCIE FL 34983-4657

3. Date Incorporated or Qualified: 08/01/1982
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business
21 1201 AUSTRALIAN AVE
22 Suite, Apt #, etc
23 City & State: FORT PIERCE FL
24 Zip: 34982 25 Country

2a. Mailing Address
26 1201 AUSTRALIAN AVE
27 Suite, Apt #, etc
28 City & State: FORT PIERCE FL
29 Zip: 34982 30 Country

4. FEI Number: 59-2211369 ☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
DUCKETT, RICHARD ALAN
641 S.E. STREAMLET AVE.
PT ST LUCIE FL 33452-1657

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1201 AUSTRALIAN AVE
83
84 City: FORT PIERCE FL 85 Zip Code: 34982

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 new registered agent, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD DUCKETT, RICHARD ALAN 641 S.E. STREAMLET AVE. PT ST LUCIE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
				1201 AUSTRALIAN AVE FORT PIERCE FL 34982	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD DUCKETT, PATRICIA ANN 641 S.E. STREAMLET AVE. PT ST LUCIE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
				1201 AUSTRALIAN AVE FORT PIERCE FL 34982	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Richard Duckett RICHARD ALAN DUCKETT 3-12-97 561 464 4246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #