FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000004451 (0)**

1. Corporation Name

AMERICAN CONSUMER ALLIANCE, INC.

Principal Place of Business	Mailing Address
595 W. GRANADA BLVD SUITE L ORMOND BEACH FL 32174	595 W. GRANADA BLVD SUITE L ORMOND BEACH FL 32174

New Address Below

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 770 W. Granada Blvd.	26 Same as 2	08/26/1994	05/01/1995
Suite, Apt. #, etc. 22 Suite 250	Suite, Apt. #, etc. 27	4. FEI Number 59-3232297	☐ Applied For ☐ Not Applicable
City & State 23 Ormond Beach, FL	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 32174 / 25 USA	Zip / Country 29 / 30	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

REEVES, JOHN D
595 W. GRANADA BLVD
SUITE L
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name: No Change in Name
82 Street Address (P.O. Box Number is Not Acceptable): 770 W. Granada Blvd.
83 Suite 250
84 Ormond Beach FL 85 Zip Code 32174

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: J.D. Reeves — John D. Reeves, President — DATE: 3-21-96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	No Change	☐ Change ☐ Addition
NAME	REEVES, JOHN D		1.2 NAME		
STREET ADDRESS	1303 OAK FOREST DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		1.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	2.1 TITLE	Treasurer / Director	☐ Change ☑ Addition
NAME	ANDERSON, EVELYN		2.2 NAME	Richard P. Reeve	
STREET ADDRESS	124 KINGSTON AVE #5		2.3 STREET ADDRESS	312 North Big Spring	
CITY-ST-ZIP	DAYTONA BEACH FL 32114		2.4 CITY-ST-ZIP	Midland, Texas 79701	
TITLE	STD	☑ DELETE	3.1 TITLE	Secretary	☐ Change ☑ Addition
NAME	GIBBS, ATHENA		3.2 NAME	James L. Grauer	
STREET ADDRESS	8 FISHERMAN'S CIRCLE #8		3.3 STREET ADDRESS	9767 Mira Del Rio	
CITY-ST-ZIP	ORMOND BEACH FL 32174		3.4 CITY-ST-ZIP	Sacramento, CA 95827	
TITLE	D	☑ DELETE	4.1 TITLE	Director	☐ Change ☑ Addition
NAME	HUBBARD, LYNN		4.2 NAME	James L. Grauer	
STREET ADDRESS	74 BECKWITH HILL DR		4.3 STREET ADDRESS	9767 Mira Del Rio	
CITY-ST-ZIP	SALEM CT 06420		4.4 CITY-ST-ZIP	Sacramento, CA 95827	
TITLE		☐ DELETE	5.1 TITLE	Director	☐ Change ☑ Addition
NAME			5.2 NAME	David M. Dillion	
STREET ADDRESS			5.3 STREET ADDRESS	52230 Arrowhead Circle	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Granger, IN 46530	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J.D. Reeves — John D. Reeves, President — (904)676-9966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #