FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE NAME



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name G15339 (6)

ALPHA MANUFACTURING, INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address % ERVIN KENNETH REGAL % ERVIN KENNETH REGAL 19 NORTH TEXAS AVE. 19 NORTH TEXAS AVE. ORLANDO FL 32805 ORLANDO FL 32805 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/28/1982 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-2246922 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζıρ Country Country Zip 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 Personal Property Tax due June 30. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name REGAL, ERVIN KENNETH 19 NORTH TEXAS AVE. Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32805 83 City 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** (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 11 TITLE REGAL, SUE NAM 1.2 NAME 19 NORTH TEXAS AVE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE REGAL, ERVIN KENNETH NAME 2.2 NAME 19 NORTH TEXAS AVE STREET ADDRESS 2.3 STREET ADDRESS ORLANDO, FL 00000 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change ■ Addition RAYBURN, RICHARD NAME 3.2 NAME 19 NORTH TEXAS AVE. STREET ADDRESS 3.3 STREET ADDRESS **ORLANDO FL**

6.4 CITY-ST-ZIP CRTY-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 suppliemental 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

3.4. CITY - \$T- 2IP

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6 3 STREET ADDRESS

DELETE

DELETE

DELETE

4/20198

■ Addition

Addition

Addition

Change

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