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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90263 039 ***158.75

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DOCUMENT # G48649							-			
ALFAIR DEVELOPMENT COMPANY, INCORPORATED						1				
ALI AIII L	DEVELOR WILLIAM COMM ANTI	INCOM CHAILD					###### ###########################	A (A): DIR!I A)!	un eren enem e	JJ a (2 6 202) 1 83 0
Principal Place of Business Mailing Address						1	1 ISBETTI DOEL BISDI INITE GIILLE BIST	M 1851 Albai Gif	ilt BiBit Aldit A	'iêti eleli jezi
1348 DAVIS ST NORTH 1348 DAVIS ST NORTH						}				
JACKSONVILLE FL 32209 US JACKSONVILLE FL 32209 US				÷			DO NOT WRITE	E IN THIS S	SPACE	
US US						3. Date incorporated or Qualifed				
					r		07/14/1983			
2. Principal Pl	ace of Business	2a. Mailing Address			4.	FEI Number		<u> </u>	plied For	
21		26			_	59-2306789			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired		\$8.75 A Fee Re	I	
22		City & State			+-					
City & State	.	28			b.	Election Campaign Financing Trust Fund Contribution		\$5.00 Added to		
23 Zip	Country	Zip	Coun	itry		8.	This corporation owes the curren	nt vear inta	ngible	
24	25		30			1	Personal Property Tax.	•	∐ Yes	⊡์Ño _
	9. Name and Address of Curren	t Registered Agent				10.	. Name and Address of New Re	egistered A	.gent	
ALPO	DOD JAMES D.III			81	Name					
ALFORD, JAMES D. III 8039 LEXINGTON DRIVE			<u> </u>	82	Street Addr	ess (F	P.O. Box Number is Not Acceptab	ole)		
	(SONVILLE FL 32208		-	83						
UAU!	TOOTVILLE I'E OZZOO		\ \frac{1}{2}	83			_			
				84	City			FL	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statute	s. the ab	ove-	named corp	oratio	n submits this statement for the p	n to esocration	hanging its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was aut	thorized	hv ti	he corporation	on's b	pard of directors. I hereby accept	the appoin	tment as rec	gistered
	in lamiliar with, and accept the obliga	uons oi, occion our oue, rione	0.0.0							
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: F		gent	signature required			DATE		
12.		ID DIRECTORS	13.				ADDITIONS/CHANGES TO OFF	ICERS AND		RS IN 12
TITLE	P MACOIE E	☐ DELETE	1.1 TITL		}				☐ Change	[_] Addition
NAME	ALFORD, MAGGIE F.		1.2 NAME 1.3 STREET ADDRESS					•		
STREET ADDRESS	8039 LEXINGTON DRIVE JACKSONVILLE FL 32209									ì
CITY-ST-ZIP TITLE	D D	☐ DELETE	1.4 CIT		ZIP				Change	☐ Addition
NAME	ALFORD, JAMES D		22 NAME						_	
STREET ADDRESS	8039 LEXINGTON DRIVE	~	2.3 STREET ADDRESS		-		• • • • •	مردحم	. ^ _#	
CITY-ST-ZIP	JACKSONVILLE FL 32209		2.4 CITY-ST-ZIP				•]
TITLE	*	☐ DELETE	3.1 TITLE						Change	☐ Addition
NAME			3.2 NAA	Æ	[
STREET ADDRESS			3.3 STF	REETA	ADDRESS					
CITY-ST-ZIP			3.4. CIT		-ZIP		<u> </u>			C Addition
TITLE		☐ DELETE	4.1 TITE		}				Change	Addition
NAME			4. 2 NA		Ì					
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP		☐ DELETE	4.4 CIT		ZIP				Change	☐ Addition
TITLE			5.2 NAM		ļ					<u> Д</u>
NAME STREET ADDRESS			1		ADDRESS !					
CITY-ST-ZIP			5.4 CIT							
TITLE	35.5	☐ DELETE	6.1 TITL	E					Change	Addition
NAME COLO	a. 8 ₀		6.2 NAN	Æ						
STREET ADDRESS	of Sul		6.3 STF	REETA	ADDRESS					

6.4 CITY-ST-ZIP 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #