

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G50371

1. Corporation Name  
ALSECO, INC.

Principal Place of Business  
2812 N ORANGE BLOSSOM TR  
SUITE J  
ORLANDO FL 32804  
US

Mailing Address  
5439 RED BONE LANE  
ORLANDO FL 32810

FILED  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90168 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 2812 N. Orange Blossom Tr.  
Suite, Apt. #, etc.  
22  
City & State  
23 ORLANDO, FL.  
Zip Country  
24 32804 25 USA  
2a. Mailing Address  
26 2812 N. Orange Blossom Tr.  
Suite, Apt. #, etc.  
27  
City & State  
28 ORLANDO, FL.  
Zip Country  
29 32804 30 USA

3. Date Incorporated or Qualified  
07/19/1983  
4. FEI Number  
59-2309341  
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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GRADY, JAMES A  
5439 RED BONE LANE  
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name  
Grady, James A., Jr.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1263 CROSSFIELD DR.  
83  
84 City  
APOPKA FL 85 Zip Code  
32703

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 *James A. Grady Jr.* JAMES A. GRADY JR. President 4-19-99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	GRADY, JAMES A	
STREET ADDRESS	5439 RED BONE LANE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GRADY, JAMES A JR.	
STREET ADDRESS	1263 CROSSFIELD DR.	
CITY-ST-ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	P/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Grady, James A., Jr.
2.3 STREET ADDRESS	1263 CROSSFIELD DR.
2.4 CITY-ST-ZIP	APOPKA, FL 32703
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Foy, William R.
3.3 STREET ADDRESS	4720 DAVISSON AVE
3.4 CITY-ST-ZIP	ORLANDO, FL. 32804
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Johnston, Thomas W.
4.3 STREET ADDRESS	2301 Abs'her Rd.
4.4 CITY-ST-ZIP	St. Cloud, FL. 34771
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James A. Grady Jr.* JAMES A. GRADY JR. President 4-19-99 407-423-5800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)