

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G59194** (2)

1. Corporation Name

ALDERMAN DEVELOPMENT INC.



Principal Place of Business

**P.O. BOX 579
PAHOKEE FL 33476**

Mailing Address

**P.O. BOX 579
PAHOKEE FL 33476**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

**ALDERMAN, JOE M., II
2214 BACOM POINT ROAD
PAHOKEE FL 33476**

3. Date Incorporated or Qualified

09/13/1983

3a. Date of Last Report

06/14/1995

4. FEI Number

65-0032766

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
73 SE AVE E; PO BOX 374

83

84 City
BELLE GLADE

FL

85 Zip Code
33430

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 typed or printed name of registered agent and the corporation

(If Other Registered Agent signature required attach heretofore)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **ALDERMAN, JOE M., II**
CITY-ST-ZIP **2214 BACOM POINT ROAD**
PAHOKEE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
1.1 NAME
1.1.1 STREET ADDRESS
1.1.1.1 CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition
2.1 NAME
2.1.1 STREET ADDRESS
2.1.1.1 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition
3.1 NAME
3.1.1 STREET ADDRESS
3.1.1.1 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition
4.1 NAME
4.1.1 STREET ADDRESS
4.1.1.1 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition
5.1 NAME
5.1.1 STREET ADDRESS
5.1.1.1 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition
6.1 NAME
6.1.1 STREET ADDRESS
6.1.1.1 CITY-ST-ZIP

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or added in Attachment with an address

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOE M. ALDERMAN, II

4/22/96

407-924-5374

Date

Daytime Phone #

CR2E034 (12/95)