PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUI	MENT # G92814	•					
1. Corporation Name ALEXANDER GUNITE, INC.							
ALLAMI	DEI GOMIE, MO				1 1861111 ONIO 1810 1810 1810 1810 1810 1810 1810 181		
				_			<u> </u>
Principal Place	e of Business	Mailing Address					
3951 S.E. COMMERCE AVENUE PO BOX 292 STUART FL 34997 STUART FL 34995-0292							
STUART FL 34997 STUART FL 34995-0292 US US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
				_	03/23/1984		
Principal Place of Business 2a. Mailing Address					4. FEI Number	<u> </u>	olied For
21 26					59-2425826	\$8.75 A	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired K	Fee Red	
ZZ 27 City & State City & State					6 Flastics Compaign Financing	\$5.00	
					6. Election Campaign Financing Trust Fund Contribution	Added to	, ,
			Count	ry	8. This corporation owes the current year		
24	25	. · · · ·	30	•	Personal Property Tax.		□No
24	9. Name and Address of Current		1		10. Name and Address of New Registere	d Agent	
			8	1 Name			
ALEXANDER, DALE				2 Street Ac	Idress (P.O. Box Number is Not Acceptable)		
3951 S.E. COMMERCE AVENUE				oli ect Ac	raioss (1 10. Box (101100). 10 trot, temperator)		
STUART FL 34997			8	13			
			-	4 City		. 85 Zip C	ode
1			1	1	<u></u>	LII	j
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the abo	ve-named co	rporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its r	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	or Florida. Such change was au tions of, Section 607.0505, Flori	ida Statut	es.	adon's board of directors. Thereby accept the app	on thin one do rog	10.0700
SIGNATURE					pe.		
	Signature, typed or printed name of registered agen		<u>-</u> -	gent signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	DS IN 12
12.	OFFICERS AND DIRECTORS DELETE		13.		ADDITIONS/CHANGES TO OFFICERS	[X] Change	Addition
TITLE	DP DALE	C) Deterie	1.1 IIIL			2213-	
NAME	ALEXANDER, DALE				2112 0 7 00330777 0	TDOLE	ļ
STREET ADDRESS	3601 SEA POINT COURT		1.3 STREET ADDRESS		3113 S.E. QUANSET C STUART, FLORIDA 34	1 KCLE 997	}
CITY-ST-ZIP	STUART FL ST X DELETE		1.4 CITY-ST-ZIP 2.1 TITLE		SIUARI, FRORIDA 54	Change	Addition
			2.1 ML				_
NAME	ALEXANDER, RUBY 3601 SEA POINT COURT			EET ADDRESS			ļ
STREET ADDRESS	STUART FL		1	r-ST-ZIP		.4	
CITY-ST-ZIP	DELETE		3.1 TITL			Change	Addition
NAME			3.2 NAME			_	1
STREET ADORESS			1	EET ADDRESS			\
CITY-ST-ZIP			1	r-ST-ZIP			
TITLE	, DELETE		4.1 TITLE			Change	Addition
NAME			4. 2 NA	Æ			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE	☐ DELETE		5.1 ΠTLE			Change	Addition
NAME			5.2 NAM	E			\
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			
TITLE		☐ DELETE	6.1 TITL	1		Change	☐ Addition
L	I		6.2 NAM	F 1			ı

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90092 024 ***158.75

561-286-0062