

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 21 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H01101**
1. Corporation Name
ALJM CORPORATION
2119 LYCHEE LN
NOKOMIS, FL 34275-3433

Principal Place of Business Mailing Address
2119 LYCHEE LANE **2119 LYCHEE LANE**
NOKOMIS, FL 34275-3433 **NOKOMIS, FL 34275-3433**

000001522440
-06/23/95--01089--020

****225.00 ****225.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/27/1984** 3a. Date of Last Report **1994**
4. FEI Number **592399282** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc 26 Suite, Apt #, etc
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
CURTIS, JAMES M.
2119 LYCHEE LANE
NOKOMIS, FL 34275

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. DP	1.1 TITLE	☐ Change ☐ Addition
NAME	CURTIS, JAMES M.	1.2 NAME	
STREET ADDRESS	2119 LYCHEE LANE	1.3 STREET ADDRESS	
CITY, ST, ZIP	NOKOMIS, FL 34275	1.4 CITY, ST, ZIP	
TITLE	2. S/T	2.1 TITLE	☐ Change ☐ Addition
NAME	CURTIS, JAMES M.	2.2 NAME	
STREET ADDRESS	2119 LYCHEE LANE	2.3 STREET ADDRESS	
CITY, ST, ZIP	NOKOMIS, FL 34275	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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)(b), 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.

SIGNATURE:

James M. Curtis
JAMES M. CURTIS

DIRECTOR/PRESIDENT

MAY 24, 1995

813-066-7176