

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Gloria B. Mortimer  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PM 2:01

DOCUMENT # **H21237** (3)  
1. Corporation Name  
**ALPHA GENERAL SERVICES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 1528 ALPHA BROAD  
P O BOX 3331  
SEBRING FL 33871

Mailing Address: 1528 ALPHA BROAD  
P O BOX 3331  
SEBRING FL 33871

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. State Apt # etc. ROAD		26. State Apt # etc. ROAD		09/17/1984	05/01/1994
22. City & State		27. City & State		4. FBI Number	Applied For
23. City & State		28. City & State		65-0382154	Not Applicable
24. City		29. City		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25. State		30. State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26. State		31. State		6. This corporation has liability for intangible tax under Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POORE, PAUL 1578 ALPHA ROAD SEBRING FL 33871				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			

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: *Miriam L. Poore* (Signature of Registered Agent) / *Paul Poore* (Signature of Current Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POORE, PAUL	1 NAME	
STREET ADDRESS	P O BOX 3331 N/A	11 STREET ADDRESS	
CITY, ST, ZIP	SEBRINGS FL	11 CITY, ST, ZIP	
TITLE	P	2 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POORE, MIRIAM L	2 NAME	
STREET ADDRESS	P O BOX 3331 N/A	21 STREET ADDRESS	
CITY, ST, ZIP	SEBRING FL	21 CITY, ST, ZIP	
TITLE	S	3 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREADWELL, PAMELA	3 NAME	
STREET ADDRESS	P O BOX 3331 N/A	31 STREET ADDRESS	
CITY, ST, ZIP	SEBRING FL	31 CITY, ST, ZIP	
TITLE	T	4 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POORE, ANDREA	4 NAME	
STREET ADDRESS	737 DERRYDOWN WAY	41 STREET ADDRESS	
CITY, ST, ZIP	DECATUR GA	41 CITY, ST, ZIP	
TITLE		5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 NAME	
STREET ADDRESS		51 STREET ADDRESS	
CITY, ST, ZIP		51 CITY, ST, ZIP	
TITLE		6 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 NAME	
STREET ADDRESS		61 STREET ADDRESS	
CITY, ST, ZIP		61 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and correct and qualify for the exemption stated in Section 607.0706, 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 name of the person 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: *Miriam L. Poore* MIRIAM L. POORE 4/31/95 813-382-1544  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR