

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED  
 Jul 23 1998 8:00am  
 Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H21237 (3)**

1. Corporation Name  
**ALPHA GENERAL SERVICES, INC.**



Principal Place of Business <b>1528 ALPHA ROAD</b> <b>P O BOX 3331</b> <b>SEBRING FL 33871</b> <b>US</b>	Mailing Address <b>1528 ALPHA ROAD</b> <b>P O BOX 3331</b> <b>SEBRING FL 33871</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/17/1984**

4. FEI Number  
**65-0382154**

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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country <b>25</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>
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9. Name and Address of Current Registered Agent

**POORE, PAUL**  
**1578 ALPHA ROAD**  
**SEBRING FL 33871**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>POORE, PAUL</b>	
STREET ADDRESS	<b>P O BOX 3331 N/A</b>	
CITY-ST-ZIP	<b>SEBRINGS FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>POORE, MIRIAM L</b>	
STREET ADDRESS	<b>P O BOX 3331 N/A</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>TREADWELL, PAMELA</b>	
STREET ADDRESS	<b>P O BOX 3331 N/A</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>POORE, ANDREA</b>	
STREET ADDRESS	<b>737 DERRYDOWN WAY</b>	
CITY-ST-ZIP	<b>DECATUR GA</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>T HAMMETT, ANDREA</b>
4.3 STREET ADDRESS	<b>209 KITE AVENUE</b>
4.4 CITY-ST-ZIP	<b>SEBRING, FL</b>
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)(l), 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: *Miriam L Poore, President* 7/2/98 941-382-1544

CR2E034 (5/98)