

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 # **H46675** (5)

1. Corporation Name
AL'S INK SPOT, INC.



Principal Place of Business
**% ALBERT M. BLEAU
7237-39 CENTRAL AVENUE
ST. PETERSBURG FL 33710**

Mailing Address
**% ALBERT M. BLEAU
7237-39 CENTRAL AVENUE
ST. PETERSBURG FL 33710**

3. Date Incorporated or Qualified **03/12/1985** 3a. Date of Last Report **07/03/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2516315

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLEAU, THELMA RAE
5818 TAMPA SHORES DR
TAMPA FL 33615**

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 607.1503, 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 (if applicable)

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD BLEAU, MICHAEL A.**
STREET ADDRESS **5818 TAMPA SHORES DRIVE**
CITY - ST - ZIP **TAMPA FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PD Patricia G. Albritton**
1.3 STREET ADDRESS **6001 28th Street South**
1.4 CITY - ST - ZIP **St. Petersburg, Florida 33712**

TITLE ☐ DELETE
NAME **STD BLEAU, THELMA R.**
STREET ADDRESS **5818 TAMPA SHORES DRIVE**
CITY - ST - ZIP **TAMPA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME **VPD ALBRITTON, PATRICIA G.**
STREET ADDRESS **6001 28TH STREET SOUTH**
CITY - ST - ZIP **ST. PETERSBURG FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Bleau, Michael A.**
3.3 STREET ADDRESS **5818 Tampa Shores Drive**
3.4 CITY - ST - ZIP **Tampa, Florida 33615**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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 on an attachment with an address.

SIGNATURE: **Thelma R. Bleau**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 April 1996 (813)343-4170

Date Signature Phone

CR2E034 (12/95)