

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H46675** (5)

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



Principal Place of Business
ALBERT M. BLEAU
7253 CENTRAL AVENUE 7253
ST. PETERSBURG FL 33710

Mailing Address
ALBERT M. BLEAU
7253 CENTRAL AVENUE
ST. PETERSBURG FL 33710-7413
7253 CENTRAL AVE

2. Principal Place of Business
21 **7253 CENTRAL AVE**
Suite, Apt #, etc.
22
City & State
23 **ST. PETERSBURG FL**
Zip Country
24 **33710** 25
2a. Mailing Address
26 **7253 CENTRAL AVE**
Suite, Apt #, etc.
27
City & State
28 **ST. PETERSBURG FL**
Zip Country
29 **33710** 30

3. Date Incorporated or Qualified
03/12/1985

3a. Date of Last Report
05/01/1996

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

BLEAU, THELMA RAE
5818 TAMPA SHORES DR
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name
PATRICIA ALBRITTON

82 Street Address (P.O. Box Number is Not Acceptable)
7253 CENTRAL AVE

83

84 City
ST. PETERSBURG **FL** 85 Zip Code
33710

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 *Patricia G. Albritton* **PATRICIA ALBRITTON** **4/16/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	ALBRITTON, PATRICIA G.	6001 28TH STREET SOUTH	ST. PETERSBURG FL	<input type="checkbox"/>
STD	BLEAU, THELMA R.	5818 TAMPA SHORES DRIVE	TAMPA FL	<input checked="" type="checkbox"/>
VPO	BLEAU, MICHAEL A.	5818 TAMPA SHORES DRIVE	TAMPA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: *Patricia G. Albritton* **4/15/97**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)