FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H55272** **(9)**

1. Corporation Name

ALTERNATIVE BUSINESSES, INC.

Principal Place of Business

456 SUDDUTH AVE.
PANAMA CITY FL 32401

Mailing Address

456 SUDDUTH AVE.
PANAMA CITY FL 32401

3. Date Incorporated or Qualified: **05/02/1985**

3a. Date of Last Report: **04/11/1995**

4. FEI Number: **59-2540923** ☐ Applied For ☐ Not Applicable

5. Certification of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COMBS, SAMUEL L., III
456 SUDDUTH AVE.
PANAMA CITY FL 32401

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 Section 607.0505 or 617.1505, Florida Statutes, the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such business may be authorized by the entity'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

DATE

12. OFFICER AND DIRECTOR(S)

TITLE	V	☐ DELETE
NAME	HUGHES, J. ROBERT	
STREET ADDRESS	209 E. 4TH ST.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	P	☐ DELETE
NAME	COMBS, SAMUEL L., III	
STREET ADDRESS	456 SUDDUTH AVENUE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	ST	☐ DELETE
NAME	COMBS, LAURIE F.	
STREET ADDRESS	456 SUDDUTH AVENUE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change ☐ Addition
2 NAME	
3 STREET ADDRESS	
4 CITY-ST-ZIP	
5 TITLE	☐ Change ☐ Addition
6 NAME	
7 STREET ADDRESS	
8 CITY-ST-ZIP	
9 TITLE	☐ Change ☐ Addition
10 NAME	
11 STREET ADDRESS	
12 CITY-ST-ZIP	
13 TITLE	☐ Change ☐ Addition
14 NAME	
15 STREET ADDRESS	
16 CITY-ST-ZIP	
17 TITLE	☐ Change ☐ Addition
18 NAME	
19 STREET ADDRESS	
20 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	

CR2E034 (12/95)

14. I hereby certify that the information supplied with this report is true, accurate and complete. I further certify that the information indicated on this report or supplemental 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 added.

SIGNATURE: [signature] [illegible] 4/15/1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date