CORPO ANNUAL	DFIT DRATION REPORT (FLORIDA DEPARTM Sandra B. M Secretary of DIVISION OF CO	dortham of State				
OCUMENT # H59196 (6) Perporation Name ALAPATHA, INC.								
pal Place of E 00 LAKE MOI .O. BOX 117 AKELAND FL	RTON DR.	N.	Aailing Address 200 LAKE MORTON DR. P.O. BOX 117 LAKELAND FL 33802		3. Date Incorporated or Qualified 06/01/1985			
incipal Place	of Business	24	a. Mailing Address		4. FEI Number 59-2523245			plied For at Applicable
uite, Apt. #, e	<u></u>	26	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 / Fee Re	
ty & State		28	City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 Added	to Fees
p	Country 25	29	Zφ	Country 30	8. This corporation has liability f Florida Statutes \(\subseteq \cdot\) 10. Name and Address of Nev	′es 🔲 No		99.032,
	9. Name and Addres	s of Current Reg	istered Agent	B1 Name	10. Name and Address of Nev			
				83				
	ND FL 33801 the provisions of Section diagent, or both, in the	ns 607.0502 and State of Florida. S	607.1508, Florida Statutes oz 0505, Elwida Statutes	the above named corporation's box	oration submits this statement for the and of directors. I hereby accept the a	FL purpose of chan appointment as n	1. 1	Code gistered offi agent. I am
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