CORPO ANNUAL	OFIT DRATION REPORT 196				B. Mortham ary of State					
OCUME Corporation Na	ENT #	J4416	88	(9)						
	ALLY DIVI	NE, INC.								
rincipal Place of I	Business		Ma	iling Address					ALBIY OYDII DYDII	#101) BIBN 1901
1706 HALL DRIVE P. O. BOX 3681 (C/O LOUISE DIVINE) TALLAHASSEE FL 32303-5329 1706 HALL DRIVE P. O. BOX 3661 (C/O LOUISE DIVINE) TALLAHASSEE FL 32303-5329						(ANIVICE)	Date Incorporated or Qualified 3a. Date of Last Report Or 104/1005			
							11/25/1986 4. FEI Number	<u> </u>	05/31/19	pplied For
. Principal Place	e of Business		2a. 26	Mailing Address			59-2726841			ot Applicable
Suite, Apt. #, 6	etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & State				City & State			Election Campaign Financing Trust Fund Contribution		Added	May Be to Fees
Zip		Country	28	Zιρ	Cou	ntry	8. This corporation has liability for Florida Statutes	intangible t s	tax under s 1	199.032,
]	25	d Address of Curre	29	tared Agent	30		10. Name and Address of New		i Agent	
1706 H/	LOUISE ALL DRIVE BOX 3661					82 Street Add	ress (P.O. Box Number is Not Accepta	ble)	95 7·~	Code
1706 H/ P. O. B Tallah	ALL DRIVE BOX 3661 HASSEE FL		02 and 60 orida. Sud	07.1508. Florida Statu th change was subto	utes, the abo	83 84 City		FI	_	o Code egistered offic agent. I am
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2017-ST-ZIP

14. If 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 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 certify 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:

NAME

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-96 904 6812000 Daylore Phone +