FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR -7 AM 5:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J82179** **(9)**

1. Corporation Name
ALOP, INC.

Principal Place of Business	Mailing Address
719 COMMERCE CIR LONGWOOD FL 32750	719 COMMERCE CIR LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/10/1987**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-2844553** ☐ 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

ALLEN, RONALD P.
719 COMMERCE CIR
LONGWOOD FL 32779

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 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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when operating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	President/Director	☒ Change ☐ Addition
NAME	HAYES, DAVID V SR.	12 NAME	Ronald P. Allen	
STREET ADDRESS	719 COMMERCE CIR.	13 STREET ADDRESS	719 Commerce Circle	
CITY ST ZIP	LONGWOOD FL	14 CITY ST ZIP	Longwood, FL 32750	
TITLE	STD	21 TITLE	Vice-Pres./Director	☒ Change ☐ Addition
NAME	DELUCENAY, NEIL T	22 NAME	David V. Hayes, Sr.	
STREET ADDRESS	1640 SPRUCE AVENUE	23 STREET ADDRESS	719 Commerce Circle	
CITY ST ZIP	WINTER PARK FL	24 CITY ST ZIP	Longwood, FL 32750	
TITLE	CEOD	31 TITLE	Secretary	
NAME	ALLEN, RONALD P	32 NAME	Gail L. Kelly	
STREET ADDRESS	719 COMMERCE CIR.	33 STREET ADDRESS	719 Commerce Circle	
CITY ST ZIP	LONGWOOD FL	34 CITY ST ZIP	Longwood, FL 32750	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	BLANCHARD, G. ROBERT	42 NAME		
STREET ADDRESS	719 COMMERCE CIR	43 STREET ADDRESS		
CITY ST ZIP	LONGWOOD FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BLANCHARD G. ROBERT. JR.	52 NAME		
STREET ADDRESS	719 COMMERCE CIR	53 STREET ADDRESS		
CITY ST ZIP	LONGWOOD FL	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	HARRIS, MALCOLM C	62 NAME		
STREET ADDRESS	719 COMMERCE CIR	63 STREET ADDRESS		
CITY ST ZIP	LONGWOOD FL	64 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)(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: Ronald P. Allen 4/3/95 407-834-3239
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0040877 CP