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 28 PM 6:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K42808** **(1)**

1. Corporation Name
ALACADEEM, INC.

Principal Place of Business	Mailing Address
37433 N. HWY. 19 UMATILLA FL 32784	37433 N. HWY. 19 UMATILLA FL 32784

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/02/1988**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: **59-2917187** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24:
Country — 25:
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

PALMER, DAVID C.
37433 N. HIGHWAY 19
UMATILLA FL 32784

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: [signature] DAVID C. PALMER 4-21-95
Signature, typed or printed name of registered agent and date of signature (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	OWENS, BILLY E.	1.2 NAME		
STREET ADDRESS	37433 N HWY. 19	1.3 STREET ADDRESS		
CITY-ST-ZIP	UMATILLA FL	1.4 CITY-ST-ZIP		
TITLE	STD	2.1 TITLE		☐ Change ☐ Addition
NAME	PALMER, WENDY	2.2 NAME		
STREET ADDRESS	19523 SHOCKLEY TR	2.3 STREET ADDRESS		
CITY-ST-ZIP	ALTOONA FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	RHODE, JERRY D.	3.2 NAME	ROBIN A. KING	
STREET ADDRESS	829 EDGEWATER CIR.	3.3 STREET ADDRESS	19528 SHOCKLEY TR.	
CITY-ST-ZIP	EUSTIS FL	3.4 CITY-ST-ZIP	ALTOONA FL	
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	PALMER, DAVID C.	4.2 NAME		
STREET ADDRESS	19528 SHOCKLEY TR	4.3 STREET ADDRESS		
CITY-ST-ZIP	ALTOONA FL	4.4 CITY-ST-ZIP		
TITLE	ASTD	5.1 TITLE		☐ Change ☐ Addition
NAME	OWENS, CHARLOTTE	5.2 NAME		
STREET ADDRESS	37433 N. HWY 19	5.3 STREET ADDRESS		
CITY-ST-ZIP	UMATILLA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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 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: Wendy Palmer WENDY PALMER 4-21-95 (904)357-3937
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0061493 CP