FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Aug 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # K42808

1. Corporation Name
ALACADEEM INC.

Principal Place of Business
19528 SHOCKLEY TRAIL
ALTOONA, FL. 32702

Mailing Address
PO BOX 2532
UMATILLA, FL. 32784

3. Date Incorporated or Qualified: 11/02/1988
3a. Date of Last Report:

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

4. FEI Number: 59-2917187 — 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
PALMER, DAVID C.
19528 Shockley Tr
Altoona, Fl 32702

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City — FL — B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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: David C. Palmer — 8-13-97
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P/D ☐ DELETE
NAME	OWENS, Billy E.
STREET ADDRESS	21020 SE 152 LANE Rd
CITY-ST-ZIP	Umatilla, Fl 32784
TITLE	V/D ☐ DELETE
NAME	Palmer, David C.
STREET ADDRESS	19528 Shockley Tr
CITY-ST-ZIP	Altoona Fl 32702
TITLE	S/T ☐ DELETE
NAME	Palmer, Wendy
STREET ADDRESS	19528 Shockley Tr
CITY-ST-ZIP	Altoona Fl 32702
TITLE	Assis S/T ☐ DELETE
NAME	Owens Charlotte
STREET ADDRESS	21020 SE 152 Lane Rd
CITY-ST-ZIP	Umatilla, Fl 32784
TITLE	D ☐ DELETE
NAME	King, Robin
STREET ADDRESS	19528 Shockley Tr
CITY-ST-ZIP	Altoona, Fl 32702
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	PE 8.18
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	800002271898
6.3 STREET ADDRESS	-08/20/97--01014--014
6.4 CITY-ST-ZIP	***558.75

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Wendy Palmer — Wendy Palmer — 8-13-97 — (352) 669 8887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #