FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K59592 1. Corporation Name

ALPHA GENERAL CONTRACTORS, INC.

P.O. BOX 1868 P.O. BOX 1868 FT. WALTON BEACH FL 32549 FT. WALTON BEACH FL 32549					DO NOT WRITE IN THIS	S SPACE	
					3. Date Incorporated or Qualifed 01/19/1989	- -	
2 Dringing D	loop of Physiness	2a. Mailing Address			4. FEI Number		Applied For
— · · · · · · · · · · · · · · · · · · ·				59-2925193		\vdash	Not Applicable
21					39-2923193	¢9.7	5 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 22					5. Certifcate of Status Desired	•	Required
City & State City & State					6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
23 28							
Zip	Country	Zip	Country	4	8. This corporation owes the current year In	tangible	ļ
24	25	25 29 30			Personal Property Tax.		
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered	Agent	
			81	Name			
WHITE, DAVID RANDELL				82 Street Address (P.O. Box Number is Not Acceptable)			
141 NW HOLLYWOOD BLVD.			04	Street Addit	ess (F.O. DOX Multipal is Not Acceptable)		
FT. WALTON BCH. FL 32548			83	5			
			L.				
1			84	City	FI	85 2	ip Code
44 5		22 and 507 1509 Florido Statutos	the abov	/o pamed com		£ changing	its registered
office or nagent. I a	egisteret agent, or bord, in the State in familiar with, and accept the obliga	or friorida. Such change was aumations of Section 607,0505, Florida	Statute	y the corporations. 25 i Dev	pr's board of directors hereby accept the appointment of the purpose of the portion of the purpose of the purpo	ointment a	s registered
42		ND DIRECTORS (NOTE: Re	13.	m signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS IN 12
12.	PST OFFICERS AI	DELETE	1.1 TITLE		7.557.10(10/01/7/1020 / 5 01 / 1021/1020	Char	
TITLE							
NAME	WHITE, DAVID RANDELL		1,2 NAME				
STREET ADDRESS	308 FLORENCE STREET		1.3 STREE	ET ADDRESS)			
CITY-ST-ZIP			1.4 CITY-				TA APE
TITLE		☐ DELETE 2.1 T		Į.		☐ Char	nge
NAME			2.2 NAME	Ì			
STREET ADDRESS			2.3 STREE	ET ADDRESS			
CITY-ST-ZIP			2, 4 CiTY-	ST-ZIP			
TITLE	☐ DELETE 3.1 T		3.1 TITLE		☐ Change ☐ Ac		ge Addition
NAME			3.2 NAME	.			
STREET ADDRESS			3.3 STREE	ET ADDRESS			
		ļ		1			
CITY ST ZIP			4.1 TITLE	4. CITY-ST-ZIP		Char	ge Addition
}		ے مدیداد	i				·
NAME			4. 2 NAME	1			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY		<u> </u>	<u> </u>	T Addiv
TITLE		☐ DELETE	5.1 TITLE	1		Char	nge 🔲 Addition

14. I 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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

850-664-5100

☐ Change

☐ Addition

FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90186 023 ***150.00