

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90168 003 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L25799

1. Corporation Name

ALPHA HOMES, INC.

Principal Place of Business

1510 CHUKAR RIDGE
PALM HARBOR FL 34683
US

Mailing Address

1510 CHUKAR RIDGE
PALM HARBOR FL 34683
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/1989

4. FEI Number

59-3024752

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 2025 Kamensky Rd
Suite, Apt. #, etc.

2a. Mailing Address

26 2025 Kamensky Rd
Suite, Apt. #, etc.

City & State

23 Clearwater, FL

Zip Country

24 33763 25 Pinellas

City & State

28 Clearwater, FL

Zip Country

29 33763 30 Pinellas

9. Name and Address of Current Registered Agent

TSIOUKLAS, JOHN
1510 CHUKAR RIDGE
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name George Tsiouklis

82 Street Address (P.O. Box Number is Not Acceptable)

2025 Kamensky Rd

83

84 City Clearwater

FL

85 Zip Code 33763

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:

Tsiouklis George Tsiouklis President

4-22-99

Signature, typed or printed name of registered agent; no title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TSIOUKLAS, JOHN
STREET ADDRESS 1015 CHUKAR RIDGE
CITY-ST-ZIP PALM HARBOR FL 34683
☒ DELETE

TITLE TSD
NAME TSIOUKLAS, GEORGE
STREET ADDRESS 2025 KAMENSKY
CITY-ST-ZIP CLEARWATER FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME George Tsiouklis
1.3 STREET ADDRESS 2025 Kamensky Rd
1.4 CITY-ST-ZIP Clearwater, FL 33763
☒ Change ☐ Addition

2.1 TITLE Secretary
2.2 NAME Anthoula Tsiouklis
2.3 STREET ADDRESS 2025 Kamesky Rd
2.4 CITY-ST-ZIP Clearwater, FL 33763
☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ 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.

SIGNATURE:

Tsiouklis George Tsiouklis

4-22-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)