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

95

FILED
JAN 25 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L37386** **(4)**

1. Corporation Name

THE ALISTER GROUP, INC.

Principal Place of Business	Mailing Address
% JOKINEN, JULIE 1740 SEMORAN COMMERCE PLACE STE 125 APOPKA FL 32703 US	% JOKINEN, JULIE 1575 BELFAST CT APOPKA FL 32712 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/18/1989
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 59-2980405 ☐ 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

JOKINEN, JULIE A
1575 BELFAST COURT
APOPKA FL 32712

10. Name and Address of New Registered Agent

81 Name: CATHY J. HENRICKSON
82 Street Address (P.O. Box Number is Not Acceptable): 1427-D OAK PLACE
83
84 City: APOPKA FL 85 Zip Code: 32712

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: Cathy J. Henrickson Pres/Treas. 1-11-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	1.1 TITLE	S	☒ Change ☐ Addition
NAME	JOKINEN, NORMAN M.	1.2 NAME	JOKINEN, NORMAN M.	
STREET ADDRESS	1575 BELFAST CT	1.3 STREET ADDRESS	1575 BELFAST CT	
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	D	2.1 TITLE	PTD	☒ Change ☐ Addition
NAME	HENRICKSON, CATHY J.	2.2 NAME	HENRICKSON, CATHY J	
STREET ADDRESS	1427 D OAK PL	2.3 STREET ADDRESS	1427-D OAK PL	
CITY-ST-ZIP	APOPKA FL	2.4 CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	JONES, F. SHELTON, JR.	3.2 NAME		
STREET ADDRESS	5480 PARK VALE BLVD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP		
TITLE	PVD	4.1 TITLE		☒ Change ☐ Addition
NAME	JOKINEN, JULIE A	4.2 NAME	DELETE	
STREET ADDRESS	1575 BELFAST COURT	4.3 STREET ADDRESS	NO LONGER A DIRECTOR	
CITY-ST-ZIP	APOPKA FL	4.4 CITY-ST-ZIP	OR OFFICER	
TITLE		5.1 TITLE	VD	☐ Change ☒ Addition
NAME		5.2 NAME	H. BURTON HENRICKSON	
STREET ADDRESS		5.3 STREET ADDRESS	1144 LINKSIDE COURT	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	APOPKA, FL 32712	
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)(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: Cathy J. Henrickson 1-11-95 (407) 886-1508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CATHY J. HENRICKSON

0038165 CP