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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L46403**

1. Corporation Name

ALCORN CONSTRUCTION LOADING, INC.									
Principal Place	e of Business	Mailing Address				_{		4 (1 4) (1)	1181): BIFIL IEUI
1905 EMPRESS		1905 EMPRESS CT.							
NAPLES FL 33942 NAPLES FL 33942						DO NOT WRITE	PIN THIS	SPACE	
us						3. Date Incorporated or Qualifed	_ 114 17113	Gr AOL]
						01/26/1990			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Ap	plied For	
21		26			65-0171980	·	No	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		\$8.75			
22	<u> </u>	27		S. Columbia of States States			equired		
City & State		City & State		6. Election Campaign Financing			May Be to Fees		
23		Zip Country		Trust Fund Contribution			to Fees		
Zíp				rury		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes		□No	
24	9. Name and Address of Cu	great Registered Agent	1301			10. Name and Address of New Re	gistered		
	5. Name and Address of Co	Intelle Registered Agent		81	Name				
ALC	orn, Chris				Otro at Adda	ess (P.O. Box Number is Not Acceptab	in)		
1905 EMPRESS CT.				82	Street Addre	ess (P.O. Box Number is Not Acceptate	ne)		
NAPI	LES FL 33942		}	83					
ļ	٠,			84	Oib.			85 Zip	Code
ĺ					City		FL		
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Stat	utes, the al	bove-	named corpo	oration submits this statement for the p n's board of directors. I hereby accept	urpose of	changing its	registered
office or re agent. La	egistered agent, or both, in the S m familiar with, and accept the ol	state of Florida. Such change was bligations of, Section 607.0505, F	lorida Stati	utes.	ne corporado	it's board of directors. Thereby accept	the appoin	MINOR DO TO	9.0.0.00
SIGNATURE		-							
SIGNATORE	Signature, typed or printed name of registere			Agent	signature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	O DIRECTI	DDC IN 12
12.		S AND DIRECTORS	1,1 111	n c	————	ADDITIONS/CHANGES TO OFF	CERS AN	☐ Change	Addition
TITLE	PTS	- Deteit	1,1 NA						_
NAME	ALCORN, CHRIS 1905 EMPRESS CT				ADDRESS .	•			
STREET ADDRESS	NAPLES FL		1	TY-ST-					
CITY-ST-ZIP	INAPLES PL	☐ DELETE	2.1 111		- 211				
NAME				ILE .				Change	☐ Addition
STREET ADDRESS	•		2.2 N		1			☐ Change	☐ Addition
CITY-ST-ZIP		* . \$c.2		AME	ADDRESS		_	☐ Change	Addition
TITLE		* , * * .	2.3 ST	AME	· i		-	☐ Change	☐ Addition
		DELETE	2.3 ST	AME TREET A	· i		-	☐ Change	☐ Addition
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NAME STREET ADDRESS			2.3 ST 2.4 Cl 3.1 TH 3.2 NA	AME TREET A SITY-ST- TLE AME	· i				
	·	☐ DELETE	2.3 ST 2.4 CI 3.1 TII 3.2 N/ 3.3 ST 3.4 CI	AME TREET A TLE AME TREET A	ADDRESS		- 	Change	☐ Addition
STREET ADDRESS			2.3 ST 2.4 Cl 3.1 Tl 3.2 N/ 3.3 ST	AME TREET A TLE AME TREET A	ADDRESS				
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.3 ST 2.4 CI 3.1 TII 3.2 N/ 3.3 ST 3.4 CI	AME TREET A TLE AME TREET / TREET / TLE TREET /	ADDRESS		-	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.3 ST 2.4 Cl 3.1 TT 3.2 NA 3.3 ST 3.4. Cl 4.1 TT 4.2 NA	AME TREET A TLE AME TREET A TREET A TREET A TLE TREET A	ADDRESS		-	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.3 ST 2.4 CI 3.1 TI 3.2 NA 3.3 ST 3.4. CI 4.1 TI 4.2 NA 4.3 ST 4.4 CI	AME TREET A TLE AME TREET A TLE TREET A TLE TREET A TLE TREET A TLE TREET A	ADDRESS T-ZIP ADDRESS			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	2.3 ST 2.4 CD 3.1 TT 3.2 NA 3.3 ST 3.4 CD 4.1 TT 4.2 NA 4.3 ST 4.4 CD 5.1 TT	AME TREET A TLE AME TREET A TLE TLE TLE TLE TLE TLE TLE TREET A TLE TREET A	ADDRESS T-ZIP ADDRESS		-	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.3 ST 2.4 CD 3.1 TT 3.2 NA 3.3 ST 3.4. CD 4.1 TT 4.2 NA 4.3 ST 4.4 CD 5.1 TT 5.2 NA	AME TREET A TLE AME TREET A TLE TREET A	ADDRESS 7-ZIP ADDRESSZIPZIP			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2.3 ST 2.4 CI 3.1 TI 3.2 NA 3.3 ST 3.4. CI 4.1 TI 4.2 NA 4.3 ST 4.4 CI 5.1 TI 5.2 NA 5.3 ST	TREET AME TREET AME TREET ITE TREET	ADDRESS F-ZIP ADDRESS -ZIP ADDRESS ADDRESS			☐ Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE		☐ DELETE	2.3 ST 2.4 CI 3.1 TI 3.2 NA 3.3 ST 3.4. CI 4.1 TI 4.2 NA 4.3 ST 4.4 CI 5.1 TI 5.2 NA 5.3 ST 5.4 CI 6.1 TI	TREET AME	ADDRESS F-ZIP ADDRESS -ZIP ADDRESS ADDRESS		-	☐ Change	☐ Addition ☐ Addition ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	An	DELETE	2.3 ST 2.4 CCI 3.1 TT 3.2 NA 3.3 ST 3.4. CCI 4.1 TT 4. 2 N. 4.3 ST 4.4 CCI 5.1 TT 5.2 NA 5.3 ST 5.4 CCI 6.1 TT 6.2 NA	AME TREET A TILE AME TREET A TILE	ADDRESSZIP ADDRESSZIP ADDRESSZIP ADDRESSZIP			☐ Change	☐ Addition ☐ Addition ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	The state of the s	DELETE	2.3 ST 2.4 Cl 3.1 Tl 3.2 NA 3.3 ST 3.4. Cl 4.1 Tl 4.2 NA 4.3 ST 5.4 Cl 5.1 Tl 5.2 NA 6.3 ST 6.1 Tl 6.2 NA 6.3 ST	AME TREET A TILE AME TREET A TILE	ADDRESS T-ZIP ADDRESS -ZIP ADDRESS -ZIP ADDRESS -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 suppliemental 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 of the receiver or trustee embowered 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: