

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M83079 (7)

1. Corporation Name

A.L.T. SERVICES CO., INC.



Principal Place of Business

Mailing Address

C/O TERRY E. MCKENNEY
RT 4 BOX 4675
MONTICELLO FL 32344

C/O TERRY E. MCKENNEY
RT 4 BOX 4675
MONTICELLO FL 32344

3. Date Incorporated or Qualified

05/27/1988

3a. Date of Last Report

01/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

RT 5 Box 5974

RT 5 Box 5974

23

28

City & State

City & State

24

29

Zip

Country

Zip

Country

4. FEI Number

59-2889822

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

10. Name and Address of New Registered Agent

MCKENNEY, TERRY E.
RT 4 BOX 4675
MONTICELLO FL 32344

81 Name

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

RT 5 Box 5974

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☒ Change ☐ Addition

NAME
MCKENNEY, TERRY E.
STREET ADDRESS
RT 4 BOX 4675
CITY-ST-ZIP
MONTICELLO FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

RT 5 Box 5974

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME
MCKENNEY, GLEN K.
STREET ADDRESS
6352 BROWNSVILLE RDT.
CITY-ST-ZIP
LITHIA SPRINGS GA

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

☒ Change ☐ Addition

NAME
MCKENNEY, ALICE L.
STREET ADDRESS
RT 4 BOX 4675
CITY-ST-ZIP
MONTICELLO FL

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

RT 5 Box 5974

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 March 96

Date

9048785343

Daytime Phone #

CR2E034 (12/95)