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 # **M85796** **(4)**

1. Corporation Name

ALEXANDER COASTAL REALTY AND CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
JCT. HWY 98 & ST. RD. 365 RT. 2. BOX 4272-5 CRAWFORDVILLE FL 32327	JCT. HWY 98 & ST. RD. 365 RT. 2. BOX 4272-5 CRAWFORDVILLE FL 32327

3. Date Incorporated or Qualified: 06/16/1988
3a. Date of Last Report: 03/22/1995

2. Principal Place of Business	2a. Mailing Address
21 Jct Hwy 98 & St. Rd. 365	26 2669 Spring Creek Highway
Suite, Apt. #, etc. 22 2669 Spring Creek Highway	Suite, Apt. #, etc. 27
City & State 23 Crawfordville, Florida	City & State 28 Crawfordville, Florida
Zip / Country 24 32327 / 25 Wakulla	Zip / Country 29 32327 / 30 Wakulla

4. FEI Number: 59-2894578 ☐ 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

ALEXANDER, GALVESTON
RT 2 BOX 4272-5
CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent

81 Name: Same Agent - New Address only
82 Street Address (P.O. Box Number is Not Acceptable):
83 2669 Spring Creek Highway
84 City: Crawfordville FL 85 Zip Code: 32327

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	ALEXANDER, GALVESTON		1.2 NAME	Alexander, Galveston	
STREET ADDRESS	RT 2 BOX 4272-5		1.3 STREET ADDRESS	2669 Spring Creek Highway	
CITY-ST-ZIP	CRAWFORDVILLE FL		1.4 CITY-ST-ZIP	Crawfordville, Florida 32327	
TITLE	ST	☐ DELETE	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	ALEXANDER, LINDA G		2.2 NAME	Alexander, Linda G.	
STREET ADDRESS	RT 2 BOX 4272-5		2.3 STREET ADDRESS	2669 Spring Creek Highway	
CITY-ST-ZIP	CRAWFORDVILLE FL		2.4 CITY-ST-ZIP	Crawfordville, Florida 32327	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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)(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 this 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: Linda G. Alexander — Linda G. Alexander — 1/18/96 — 904-926-1467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)