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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40463** (4)
1. Corporation Name
THE ALTERNATIVE SOUTH, INC.

Principal Place of Business 1520 FOURTH STREET NORTH ST. PETERSBURG FL 33704	Mailing Address 1520 FOURTH STREET NORTH ST. PETERSBURG FL 33704
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1520 4TH ST NORTH	2a. Mailing Address 26 SAME
Suite, Apt. #, etc. 22 ST PETE	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 10/08/1990	3a. Date of Last Report 02/02/1994
4. FEI Number 59-3139131	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent MOYER, PATRICIA J. 1132 25TH AVENUE NORTH ST. PETERSBURG FL 33704		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		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 *Patricia J. Moyer*, President *PATRICIA J. MOYER* 4/11/95
(Signature, typed or printed name of registered agent and title in application) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DB MOYER, PATRICIA J 1132 25TH AVENUE NORTH ST. PETERSBURG FL 33704	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	DIRECTOR, PRESIDENT PATRICIA J. MOYER 1132 25TH AVENUE ST PETE FLORIDA 33704 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DB ZYLKA, BROOKE 307 BUTTERNWOOD LANE LARGO FL 34640	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	DIRECTOR, TREASURER ZYLKA, BROOKE 9015 106TH AVE N LARGO, FL 34647 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BURGER, JOHN 3480 HAINES RD. ST. PETERSBURG FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	DIRECTOR SECRETARY CARNAKEY LINDA 2219 45TH AVE NORTH ST PETE, FL 33714 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia J. Moyer*, President *PATRICIA J. MOYER* 4/11/95 1-813-823-5112
(Signature and typed or printed name of signing officer or director) Date