

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 20 1:10:58

**DOCUMENT # P33846 (7)**

1. Corporation Name

**ALFORD OF COLUMBUS, INC.**

Principal Place of Business

P. O. BOX 1145  
PINE MOUNTAIN GA 31822

Mailing Address

P. O. BOX 1145  
PINE MOUNTAIN GA 31822

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/23/1991

3a. Date of Last Report

08/08/1994

4. FEI Number

58-1091906

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. This corporation has liability for intangible tax under s. 100.032, Florida Statutes

Yes  No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**ALFORD, TED L.  
EDGEWATER BCH. RESORT  
TOWER II #102  
PANAMA CITY BCH. FL 32404**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

CD

NAME

ALFORD, TED L.

STREET ADDRESS

3848 HOPEWELL CHURCH ROAD

CITY - ST - ZIP

PINE MOUNTAIN GA

TITLE

P

NAME

ALFORD, TED L.

STREET ADDRESS

11619 FRONT BEACH ROAD, UNIT 102, T2

CITY - ST - ZIP

PANAMA CITY BCH. FL

TITLE

VCD

NAME

ALFORD, LYNDA

STREET ADDRESS

3848 HOPEWELL CHURCH ROAD

CITY - ST - ZIP

PINE MOUNTAIN GA

TITLE

S

NAME

ALFORD, LYNDA

STREET ADDRESS

11619 FRONT BEACH ROAD, UNIT 102, T2

CITY - ST - ZIP

PANAMA CITY BCH. FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

Change  Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

Change  Addition

62 NAME

63 STREET ADDRESS

64 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:

*Sandra M. Cleland (VCO)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-14-95 706-663-  
Date

*LYNDA M. ALFORD*  
Date

2741  
016082 FN

CR2E034 (3/95)