

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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

2. Principal Place of Business

21 State, Apt., Etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt., Etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Created 04/23/1991

3a. Date of Last Report 06/20/1995

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 602.002 and 602.003, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or principal place of business, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am hereby accepting and accepting the obligations of Sections 602.002, Florida Statutes.

SIGNATURE

12. SIGNATURE OF OFFICERS AND DIRECTORS

13. SIGNATURE OF ADDITIONAL REGISTERED AGENTS

DATE

12.1	CD	<input type="checkbox"/> DELETE
NAM	ALFORD, TED L.	
STREET ADDRESS	3848 HOPEWELL CHURCH ROAD	
CITY & STATE	PINE MOUNTAIN GA	
ZIP	P	<input type="checkbox"/> DELETE
NAM	ALFORD, TED L.	
STREET ADDRESS	11619 FRONT BEACH ROAD, UNIT 102, T2	
CITY & STATE	PANAMA CITY BCH. FL	
ZIP	VCD	<input type="checkbox"/> DELETE
NAM	ALFORD, LYNDA	
STREET ADDRESS	3848 HOPEWELL CHURCH ROAD	
CITY & STATE	PINE MOUNTAIN GA	
ZIP	S	<input type="checkbox"/> DELETE
NAM	ALFORD, LYNDA	
STREET ADDRESS	11619 FRONT BEACH ROAD, UNIT 102, T2	
CITY & STATE	PANAMA CITY BCH. FL	
ZIP		<input type="checkbox"/> DELETE
NAM		
STREET ADDRESS		
CITY & STATE		
ZIP		<input type="checkbox"/> DELETE
NAM		
STREET ADDRESS		
CITY & STATE		
ZIP		

13.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	NAM	
13.3	STREET ADDRESS	
13.4	CITY, ST, ZIP	
13.5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6	NAM	
13.7	STREET ADDRESS	
13.8	CITY, ST, ZIP	
13.9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10	NAM	
13.11	STREET ADDRESS	
13.12	CITY, ST, ZIP	
13.13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14	NAM	
13.15	STREET ADDRESS	
13.16	CITY, ST, ZIP	
13.17	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18	NAM	
13.19	STREET ADDRESS	
13.20	CITY, ST, ZIP	

14. I 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 the previous 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 in an attachment with an address.

SIGNATURE: *Sandra Morrison*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-96 1-404-335-6059
1-706-463-4744

CR2E034 (12/95)