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**Jan 31 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P33846 (7)

1. Corporation Name
ALFORD OF COLUMBUS, INC.



Principal Place of Business
ALFORD, TED L.
EDGEWATER BEACH RESORT
PINE MOUNTAIN GA 31822
US

Mailing Address
P. O. BOX 1145
PINE MOUNTAIN GA 31822-1145

3. Date Incorporated or Qualified 04/23/1991
3a. Date of Last Report 01/24/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	58-1091906	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28	24	25
Zip	Country	Zip	Country
29	30		

9. Name and Address of Current Registered Agent
ALFORD, TED L.
EDGEWATER BEACH RESORT
TOWER II, #102
PANAMA CITY BEACH FL 32407

10. Name and Address of New Registered Agent

81 Name	SAME
82 Street Address (P.O. Box Number is Not Acceptable)	SAME
83	TOWER II # 101
84 City	SAME
85 Zip Code	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 B. Mortham* **1-12-97** **235-6959**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)