

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90065 013 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P33846**

1. Corporation Name  
**ALFORD OF COLUMBUS, INC.**



DO NOT WRITE IN THIS SPACE

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

Mailing Address  
~~B.O. BOX 1743~~  
~~PINE MOUNTAIN GA 31822~~

3. Date Incorporated or Qualified  
**04/23/1991**

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26** *6923 MARINA COVE CT*  
 Suite, Apt. #, etc.  
**27**

4. FEI Number  
**58-1091906**  
 Applied For  
 Not Applicable

22 Suite, Apt. #, etc.

23 City & State  
**26** *Columbus, GEORGIA*

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

23 City & State

24 Zip **25** Country **29** *31904* **30** *US* **30** *SC*

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

24 Zip

29 Zip

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALFORD, TED L.**  
**EDGEWATER BEACH RESORT**  
**TOWER 11, #101**  
**PANAMA CITY BEACH FL 32407**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFORD, TED L.	1.2 NAME	
STREET ADDRESS	<del>3848 HOPEWELL CHURCH ROAD</del>	1.3 STREET ADDRESS	<i>6923 MARINA COVE CT.</i>
CITY-ST-ZIP	<del>PINE MOUNTAIN GA</del>	1.4 CITY-ST-ZIP	<i>COLUMBUS, GA. 31904</i>
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFORD, TED L.	2.2 NAME	
STREET ADDRESS	11619 FRONT BEACH ROAD, UNIT 102, T2	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH. FL	2.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFORD, LYNDA	3.2 NAME	
STREET ADDRESS	3848 HOPEWELL CHURCH ROAD	3.3 STREET ADDRESS	<i>6923 MARINA COVE CT.</i>
CITY-ST-ZIP	PINE MOUNTAIN GA	3.4 CITY-ST-ZIP	<i>COLUMBUS, GA. 31904</i>
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFORD, LYNDA	4.2 NAME	
STREET ADDRESS	11619 FRONT BEACH ROAD, UNIT 102, T2	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH. FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* 1-12-99 706-571-3108  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)