FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000004873 (4)**

1. Corporation Name

ALLIANCE COMP., INC.

Principal Place of Business	Mailing Address
1061 RIVERSIDE AVENUE JACKSONVILLE FL 32204	1061 RIVERSIDE AVENUE JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/15/1993**
3a. Date of Last Report: **06/29/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-3164383** ☐ 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

9. Name and Address of Current Registered Agent

SIMPSON, BRYAN JR
1061 RIVERSIDE AVENUE
JACKSONVILLE FL 32204

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 _____ 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	C/D	1.1 TITLE		☐ Change ☐ Addition
NAME	POTTERFIELD, TYLER	1.2 NAME		
STREET ADDRESS	1061 RIVERSIDE AVENUE 2ND FLOOR	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32204	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	BRACKEN, MICHAEL	2.2 NAME		
STREET ADDRESS	2844 CHRISTOPHER CREEK RD N	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32217	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	SIMPSON, BRYAN JR	3.2 NAME		
STREET ADDRESS	1061 RIVERSIDE AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32204	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	DUPREE, J W	4.2 NAME		
STREET ADDRESS	4928 ORTEGA BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32210	4.4 CITY-ST-ZIP		
~~TITLE~~	~~D~~	5.1 TITLE		☒ Change ☐ Addition
~~NAME~~	~~SMITH, CALVERT~~	5.2 NAME	Calvert Smith removed	
~~STREET ADDRESS~~	~~1045 PARK STREET~~	5.3 STREET ADDRESS		
~~CITY-ST-ZIP~~	~~JACKSONVILLE FL 32204~~	5.4 CITY-ST-ZIP		
~~TITLE~~	~~VD~~	6.1 TITLE		☒ Change ☐ Addition
~~NAME~~	~~BROWNING, JIM~~	6.2 NAME	Jim Browning removed	
~~STREET ADDRESS~~	~~P.O. BOX 1729~~	6.3 STREET ADDRESS		
~~CITY-ST-ZIP~~	~~PONTE VEDRA BEACH FL 32004~~	6.4 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: X _____ TYLER POTTERFIELD 4/22 904/354-8040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014852 CP