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95 MAR -1 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1995

DOCUMENT # P93000010344 (8)

1. ALPHA CONSULTING SERVICES, INC.

Principal Place of Business	Mailing Address
4133 14TH STREET, N.E. ST. PETERSBURG FL 33706	4133 14TH STREET, N.E. ST. PETERSBURG FL 33706

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/03/1993	3a. Date of Last Report: 06/23/1994
4. FEI Number: 59-3227104	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. BOX 76255
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: ST PETERSBURG FL
24 ZIP / 25 Country	29 Zip: 33703 / 30 Country: PINELLAS

9. Name and Address of Current Registered Agent

BESTULIC, LIVIO
4133 14TH ST NE
ST PETERSBURG FL 33703

10. Name and Address of New Registered Agent

81 Name: FORD, LESLIE ALPHA
82 Street Address (P.O. Box Number is Not Acceptable): 4133 14 ST NE
83
84 City: ST PETERSBURG FL 85 Zip Code: 33703

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: LESLIE ALPHA FORD 2/22/95
(NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
D FORD, LESLIE ALPHA 4133 14TH ST NE ST PETERSBURG FL	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 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)(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 with an address with an asterisk.

SIGNATURE: LESLIE A FORD 2/22/95 (813) 528-6436
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Telephone #

0100922 CP