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 APR 29 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000014846 (8)**

1. Corporation Name
ALN, INC.

Principal Place of Business	Mailing Address
2803 W. BUSCH BLVD SUITE 101 TAMPA FL 33618	2803 W. BUSCH BLVD SUITE 101 TAMPA FL 33618

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/26/1993
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business
21 8834-C N. 56th Street
Suite, Apt. #, etc. 22
City & State 23 Temple Terrace, FL
Zip 24 33617 County 25

2a. Mailing Address
26 15114 Nature Walk Dr.
Suite, Apt. #, etc. 27
City & State 28 Tampa, FL
Zip 29 33624 County 30

4. FEI Number: 59-3166076 ☐ 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

GRIFFITHS, BRUCE A
120 W TROPICAL WAY
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name: Eugene R. Allen
82 Street Address (P.O. Box Number is Not Acceptable): 15114 Nature Walk Drive
83
84 City: Tampa FL 85 Zip Code: 33624

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: X Eugene R. Allen 4/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	EUGENE R. ALLEN	12 NAME		
STREET ADDRESS	15114 N. ATURE WALK DR	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624	14 CITY-ST-ZIP		
TITLE	STVP	21 TITLE	VP,D	☒ Change ☒ Addition
NAME	~~BRUCE GRIFFITH~~	22 NAME	Gladys Allen	
STREET ADDRESS	~~120 W. TROPICAL WAY~~	23 STREET ADDRESS	15114 Nature Walk Drive	
CITY-ST-ZIP	~~PLANTATION FL 33317~~	24 CITY-ST-ZIP	Tampa, FL 33624	
TITLE	VP	31 TITLE		☒ Change ☐ Addition
NAME	~~ESTHER M. GRIFFITH~~	32 NAME		
STREET ADDRESS	~~120 W. TROPICAL WAY~~	33 STREET ADDRESS		
CITY-ST-ZIP	~~PLANTATION FL 33317~~	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: X Eugene R. Allen President 4/25/95 813 988-4654
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0298460 CP