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FILED
Mar 26 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 # P93000025076 (9)

1. Corporation Name
LOUISE-ALAN, INC.

Principal Place of Business
19 SOUTH HOGAN ST.
JACKSONVILLE FL 32202

Mailing Address
19 SOUTH HOGAN ST.
JACKSONVILLE FL 32202-4401



2. Principal Place of Business

21 224 North Hogan St.

22 Jacksonville, Florida

23 32202

24 32202

2a. Mailing Address

26 224 North Hogan St.

27 Jacksonville, Florida

28 32202

29 32202

3. Date Incorporated or Qualified
04/02/1993

3a. Date of Last Report
02/26/1996

4. FEI Number
59-3173958

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

HAUSER, ALLISON H
225 WATER ST.
SUITE 1400
JACKSONVILLE FL 32202

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 understand the duties and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

1. NAME	P MCCARRON, CHRISTINE H.	☐ DELETE
2. STREET ADDRESS	19 SOUTH HOGAN ST.	
3. CITY-STATE-ZIP	JACKSONVILLE FL	
4. NAME		☐ DELETE
5. STREET ADDRESS		
6. CITY-STATE-ZIP		
7. NAME		☐ DELETE
8. STREET ADDRESS		
9. CITY-STATE-ZIP		
10. NAME		☐ DELETE
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. NAME		☐ DELETE
14. STREET ADDRESS		
15. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	224 North Hogan St
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 this 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: Christine H. McCarron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-97 (904) 354-7386

CR2E034 (9/96)