

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1996
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

6125 Jay

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

AMENDED

APPROVED
AND
FILED

96 OCT 21 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000041245

1. Corporation Name
ALPHA COMMUNICATIONS ELECTRONICS DISTRIBUTORS INC.

Principal Place of Business

Mailing Address

5 E. FAIRFIELD DR
PENSACOLA, FL 32501

P.O. BOX 8327
PENSACOLA, FL 32505

3. Date Incorporated or Qualified

6-06-93

3a. Date of Last Report

4-23-96

4. FEI Number

59-3187256

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

10. Name and Address of New Registered Agent

WILLIAM D. COLLINS
1601 PEARSON ROAD
HILTON, FL 32583

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: William D. Collins WILLIAM D. COLLINS

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10-10-96

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME MATHES, BONNIE
STREET ADDRESS 3411 PINE FOREST ROAD
CITY-ST-ZIP PENSACOLA, FL 32533

TITLE D ☒ DELETE

NAME MUNA GILL
STREET ADDRESS 2645 JARADA AVENUE
CITY-ST-ZIP PENSACOLA, FL 32526

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME LYN WHITTON

1.3 STREET ADDRESS 66 ADKINSON DRIVE
1.4 CITY-ST-ZIP PENSACOLA, FL 32526

2.1 TITLE V.PRES. ☒ Change ☐ Addition

2.2 NAME JOHN A. WHITTON
2.3 STREET ADDRESS 66 ADKINSON DRIVE
2.4 CITY-ST-ZIP PENSACOLA, FL 32526

3.1 TITLE DIRECTOR ☒ Change ☐ Addition

3.2 NAME WILLIAM D. COLLINS
3.3 STREET ADDRESS 1601 PEARSON ROAD
3.4 CITY-ST-ZIP HILTON, FL 32583

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 600001987466--2
4.4 CITY-ST-ZIP -10/28/96--01063--006
*****61.25 *****61.25

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William D. Collins WILLIAM D. COLLINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-96 4332254(904)

Date

Daytime Phone #

CR2E034 (3/96)