

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000043151 (8)

1. Corporation Name

THE ALEXANDER GROUP, INC.

Principal Place of Business

Mailing Address

9501 E. HILLSBOROUGH AVENUE
TAMPA FL 33610

9501 E. HILLSBOROUGH AVENUE
TAMPA FL 33610

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/14/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3187992

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

7. This corporation has liability for intangible tax under S. 1969.032,
Florida Statutes Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

23. City & State

24. Zip

25. County

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

30. County

9. Name and Address of Current Registered Agent

COFFILL, E. JOHN
9501 E. HILLSBOROUGH AVENUE
TAMPA FL 33610

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

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

NOTE: Registered Agent signature required when appointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME OTTE, JOHN A JR
STREET ADDRESS 9501 E. HILLSBOROUGH AVEUE
CITY - ST - ZIP TAMPA FL

1.1 TITLE PD Change Addition
1.2 NAME Valverde, Donald
1.3 STREET ADDRESS 4107 Saltwater Blvd.
1.4 CITY - ST - ZIP Tampa, FL 33615

TITLE VP
NAME COFFILL, JOHN
STREET ADDRESS 333 FOX RIDGE CIR.
CITY - ST - ZIP TAMPA FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE D
NAME VALVERDE, DONALD
STREET ADDRESS 4107 SALTWATER BLVD.
CITY - ST - ZIP TAMPA FL 33615

3.1 TITLE VPD Change Addition
3.2 NAME Otte, Marsha A.
3.3 STREET ADDRESS 945 Seddon Cove Way
3.4 CITY - ST - ZIP Tampa, FL 33602

TITLE SD
NAME DREW, MITCH
STREET ADDRESS 215 DELTA CIRCLE
CITY - ST - ZIP TAMPA FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE D
NAME FOSTER, FRANK
STREET ADDRESS 8 BROOK LANE
CITY - ST - ZIP LAKELAND FL 33803

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE TD
NAME DREW, EVERITT
STREET ADDRESS 215 DELTA CIR.
CITY - ST - ZIP TAMPA FL

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 110.07(3)(b), 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 appointment with an address.

SIGNATURE:

John Coffill

John Coffill, V. Pres.

4/21/95

813-621-0079

SIGNATURE AND TITLE OF PRINCIPAL OFFICER OR DIRECTOR

Date

Telephone No.