

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000043151 (8)**

1. Corporation Name

**THE ALEXANDER GROUP, INC.**

Principal Place of Business

**9501 E. HILLSBOROUGH AVENUE  
TAMPA FL 33610**

Mailing Address

**9501 E. HILLSBOROUGH AVENUE  
TAMPA FL 33610-5825**

3. Date Incorporated or Qualified

**06/14/1993**

3a. Date of Last Report

**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

**21 7439 E. Hillsborough Ave.**

**26 7439 E. Hillsborough Ave.**

4. FEI Number

**59-3187992**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite 110**

**27 Suite 110**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

**23 Tampa, FL**

**28 Tampa, FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

**24 33610**

**25 Hillsborough**

**29 33610**

**30 Hillsborough**

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

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

81 Name

**Coffill, John**

82 Street Address (P.O. Box Number is Not Acceptable)  
**7439 E. Hillsborough Ave**

83

84 City

**Tampa,**

**FL**

85 Zip Code  
**33610**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VALVERDE, DONALD	
STREET ADDRESS	4107 SALTWATER BLVD.	
CITY- ST- ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	COFFILL, JOHN	
STREET ADDRESS	333 FOX RIDGE CIR.	
CITY- ST- ZIP	TAMPA FL	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	OTTE, MARSHA A.	
STREET ADDRESS	945 SEDDON COVE WAY	
CITY- ST- ZIP	TAMPA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DREW, MITCH	
STREET ADDRESS	215 DELTA CIRCLE	
CITY- ST- ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOSTER, FRANK	
STREET ADDRESS	8 BROOK LANE	
CITY- ST- ZIP	LAKELAND FL 33803	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DREW, EVERITT	
STREET ADDRESS	215 DELTA CIR.	
CITY- ST- ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP
2.3 STREET ADDRESS	Coffill, John
2.4 CITY- ST- ZIP	3336 Foxridge Circle Tampa, FL 33618
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0358988

CR2E034 (9/96)