FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P93000054553 (1)

1. Corporation Name

ALAN LAFLIN INC.

Principal Place of Business	Mailing Address
946-D HOWARD ST. NICEVILLE FL 32578	946-D HOWARD ST. NICEVILLE FL 32578

3. Date Incorporated or Qualified	3a. Date of Last Report
08/02/1993	02/17/1995

4. FEI Number: 59-3193466 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 4065
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Ft. Walton Bch, FL
Zip 24 / Country 25	Zip 29 32549 / Country 30 U.S.A.

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

LAFLIN, ALAN P
946 D HOWARD ST
NICEVILLE FL 32578

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: Alan Laflin — Alan Laflin — DATE: 1-22-96

12. OFFICERS AND DIRECTORS / **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

	12. Officers and Directors	Delete	13. Additions/Changes	Change	Addition
TITLE	P	☐	1.1 TITLE	☒	☐
NAME	LAFLIN, ALAN		1.2 NAME		
STREET ADDRESS	946 D HOWARD ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		1.4 CITY-ST-ZIP 32578		
TITLE	V	☐	2.1 TITLE	☒	☐
NAME	BOWDEN, RICHARD D.		2.2 NAME		
STREET ADDRESS	946-D HOWARD ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		2.4 CITY-ST-ZIP 32578		
TITLE	V	☒	3.1 TITLE	☐	☐
NAME	GYGI, PHILLIP		3.2 NAME		
STREET ADDRESS	946-D HOWARD ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		3.4 CITY-ST-ZIP		
TITLE	S	☐	4.1 TITLE	☒	☐
NAME	BELL, JONATHAN		4.2 NAME		
STREET ADDRESS	946-D HOWARD ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		4.4 CITY-ST-ZIP 32578		
TITLE		☐	5.1 TITLE	☐	☐
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐	6.1 TITLE	☐	☐
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alan Laflin — Alan Laflin — 1-22-96 — 585-0233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)