


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

0538870

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90166 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000054553

1. Corporation Name
ALAN LAFLIN INC.

Principal Place of Business 25 HOWARD ST NICEVILLE FL 32578 US	Mailing Address P O BOX 4065 FT WALTON BEACH FL 32549 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1993

4. FEI Number

59-3193466

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 305 St. Charles Ave

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 Niceville FL

Zip

24 32578

Country

25 OK 10050

29

City & State

**LAFLIN, ALAN P
25 HOWARD ST
NICEVILLE FL 32578**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Laflin, Alan P.

82 Street Address (P.O. Box Number is Not Acceptable)

305 St. Charles Ave

83

84 City

Niceville

FL

85 Zip Code

32578

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 P. Laflin**

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 **P** ☐ DELETE

NAME **LAFLIN, ALAN**

STREET ADDRESS **946 D HOWARD ST**

CITY-ST-ZIP **NICEVILLE FL**

TITLE **V** ☐ DELETE

NAME **BOWDEN, RICHARD D.**

STREET ADDRESS **946-D HOWARD ST.**

CITY-ST-ZIP **NICEVILLE FL**

TITLE **S** ☒ DELETE

NAME **BELL, JONATHAN**

STREET ADDRESS **946-D HOWARD ST.**

CITY-ST-ZIP **NICEVILLE FL**

TITLE **T** ☐ DELETE

NAME **BRIAN WILKINSON**

STREET ADDRESS **946-D HOWARD ST.**

CITY-ST-ZIP **NICEVILLE FL**

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

P ☒ Change ☐ Addition

1.2 NAME

Laflin, Alan

1.3 STREET ADDRESS

305 St Charles Ave

1.4 CITY-ST-ZIP

Niceville FL

2.1 TITLE

Bowden, Richard ☒ Change ☐ Addition

2.2 NAME

305 St. Charles Ave

2.3 STREET ADDRESS

Niceville FL

2.4 CITY-ST-ZIP

Niceville FL

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

T ☒ Change ☐ Addition

4.2 NAME

Wilkinson, Brian

4.3 STREET ADDRESS

305 St Charles Ave

4.4 CITY-ST-ZIP

Niceville FL

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Alan P. Laflin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 585-0233

Date

Daytime Phone #

CR2E034 (11/98)