

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000065100 (8)

1. Corporation Name

Y. ALBERT & SON, INC.

Principal Place of Business

100 S ASHLEY DR
STE 1745
TAMPA FL 33602

Mailing Address

100 S ASHLEY DR
STE 1745
TAMPA FL 33602



3. Date Incorporated or Qualified
09/10/1993

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODRICH, LAURENCE I
100 S ASHLEY DR
STE 1745
TAMPA FL 33602

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change ☐ Addition

TITLE D
NAME ALBERT, EDWARD Y
STREET ADDRESS 3352 CHATHAM RD NW
CITY-ST-ZIP ATLANTA GA 30305

1 1 TITLE

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY-ST-ZIP

TITLE D
NAME ALBERT, DEBORAH D
STREET ADDRESS 3352 CHATHAM RD NW
CITY-ST-ZIP ATLANTA GA 30305

2 1 TITLE

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY-ST-ZIP

TITLE D
NAME GOODRICH, LAURENCE I
STREET ADDRESS 100 S ASHLEY DR #1745
CITY-ST-ZIP TAMPA FL 33602

3 1 TITLE

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4 1 TITLE

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5 1 TITLE

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6 1 TITLE

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-96 404-264-9827

Date

Daytime Phone #

CR2E034 (12/95)