

**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

*3/28  
Pd ck 2350*

**DOCUMENT # P94000009505 (6)**

1. Corporation Name  
**ALBETCO ENTERPRISES, INC.**



Principal Place of Business: **2602 HAMPTON PARK PLACE SEFFNER FL 33584**  
Mailing Address: **2602 HAMPTON PARK PLACE SEFFNER FL 33584**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/28/1994</b>	3a. Date of Last Report <b>04/27/1995</b>
21	22	26	27	4. FEI Number <b>59-3223740</b>	Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GRUBB, AL 2602 HAMPTON PARK PLACE SEFFNER FL 33584</b>				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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when registering)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>GRUBB, AL</b>		1.2 NAME				
STREET ADDRESS	<b>2602 HAMPTON PARK PLACE</b>		1.3 STREET ADDRESS				
CITY - ST - ZIP	<b>SEFFNER FL</b>		1.4 CITY - ST - ZIP				
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>GRUBB, M BETH</b>		2.2 NAME				
STREET ADDRESS	<b>2602 HAMPTON PARK PL</b>		2.3 STREET ADDRESS				
CITY - ST - ZIP	<b>SEFFNER FL</b>		2.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY - ST - ZIP			3.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
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 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: *AL GRUBB* **AL GRUBB** *3/29/96* **813-684-8714**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date

CR2E034 (12/95)