

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
97 JUL 21 PM 4: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000012075 (5)

1. Corporation Name

ALAN STATON CO., INC.

97-AR
CM



Principal Place of Business

Mailing Address

3310 N WESTMORELAND DR
ORLANDO FL 32804

3310 N WESTMORELAND DR
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

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

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

02/14/1994

12/26/1996

4. FEI Number

Applied For

Not Applicable

59-1299741

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

WILKINS, BERNARD D
3310 N WESTMORELAND DR
ORLANDO FL 32804

81 Name

Wilkins, Alan S.

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

3310 N. Westmoreland Drive

83

84 City

Orlando

FL

85 Zip Code

32804

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 S. Wilkins

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/14/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☒ DELETE
NAME WILKINS, BERNARD D.
STREET ADDRESS 3310 N. WESTMORELAND DRIVE
CITY-ST-ZIP ORLANDO FL

1.1 TITLE PTD ☒ Change ☐ Addition
1.2 NAME Wilkins, Alan S.
1.3 STREET ADDRESS 3310 N. Westmoreland Drive
1.4 CITY-ST-ZIP Orlando, FL

TITLE VSD ☐ DELETE
NAME WILKINS, GRACE C.
STREET ADDRESS 3310 N WESTMORELAND DRIVE
CITY-ST-ZIP ORLANDO FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 400002250304--5
2.4 CITY-ST-ZIP -07/29/97--01035--012
****165.00 ****165.00

TITLE VD ☒ DELETE
NAME WILKINS, ALAN S.
STREET ADDRESS 11200 OSWALT ROAD
CITY-ST-ZIP CLERMONT FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address.

CR2E034 (4/97)