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 # **P94000050887 (6)**

1. Corporation Name

ALVIN ASSOCIATES OF ORLANDO, INC.

Principal Place of Business	Mailing Address
5901 TARAWOOD DRIVE ORLANDO FL 32819	5901 TARAWOOD DRIVE ORLANDO FL 32819

3. Date Incorporated or Qualified: **05/19/1994**

3a. Date of Last Report: **04/25/1995**

4. FEI Number: **59-3243667** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 363 MENASINE DR	26 ~~Suite 850~~ P.O. Box 917729
22 Suite, Apt. #, etc. 850	27 Suite, Apt. #, etc. 850
23 City & State LONGWOOD FL	28 City & State FL LONGWOOD FL
24 Zip 32791 25 Country USA	29 Zip 32791 30 Country USA

9. Name and Address of Current Registered Agent

ALVIN, WALTER D
5901 TARAWOOD DRIVE
ORLANDO FL 32819

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: W.D. Alvin WALTER D ALVIN, PRESIDENT W.D. Alvin 3/1/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE	D	☐ Change ☐ Addition
NAME	ALVIN, WALTER D		12 NAME	ALVIN, WALTER D	
STREET ADDRESS	5901 TARAWOOD		13 STREET ADDRESS	APT 850 P.O. Box 917729	
CITY-ST-ZIP	ORLANDO FL 32819		14 CITY-ST-ZIP	LONGWOOD FL 32791	
TITLE	D	☐ DELETE	21 TITLE	D	☐ Change ☐ Addition
NAME	ALVIN, FRANCES B		22 NAME	ALVIN, FRANCES B.	
STREET ADDRESS	5901 TARAWOOD		23 STREET ADDRESS	APT 850 P.O. Box 917729	
CITY-ST-ZIP	ORLANDO FL 32819		24 CITY-ST-ZIP	LONGWOOD FL 32791	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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)(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.

SIGNATURE: W.D. Alvin WALTER D. ALVIN PRESIDENT 3/1/96 N/A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)