SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 14 AM 11:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000070745 (2)**

1. Corporation Name
AVALON PARK-WAREHOUSES, INC.

Principal Place of Business	Mailing Address
4545 BAYWALK CIRCLE PENSACOLA FL 32514	4545 BAYWALK CIRCLE PENSACOLA FL 32514

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/20/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 3996 Avalon blvd.
Suite, Apt. #, etc. 22:
City & State 23: Milton, Fl.
Zip 24: 32570 County 25:

2a. Mailing Address
26: [redacted] P.O. Box #953
Suite, Apt. #, etc. 27:
City & State 28: Milton Fl.
Zip 29: 32572 County 30:

4. FEI Number: 59-326-9560 ☐ 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

9. Name and Address of Current Registered Agent

BACH, ALFONS
4545 BAYWALK CIRCLE
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

61 Name: Alfons Bach
62 Street Address (P.O. Box Number is Not Acceptable): 3996 Avalon blvd.
63:
64 City: Milton **FL** 65 Zip Code: 32570

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] V.P. DATE: 6/18/95
Signature required if printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D / President	11 TITLE	☐ Change ☐ Addition
NAME	BACH, ALFONS	12 NAME	
STREET ADDRESS	4545 BAYWALK CIRCLE	13 STREET ADDRESS	
CITY ST ZIP	PENSACOLA FL 32514	14 CITY ST ZIP	
TITLE	V.P.:	21 TITLE	☐ Change ☐ Addition
NAME	Bach, Alfons, S.	22 NAME	
STREET ADDRESS	3996 Avalon blvd.	23 STREET ADDRESS	
CITY ST ZIP	milton, Fl, 32570	24 CITY ST ZIP	
TITLE	Treasurer:	31 TITLE	☐ Change ☐ Addition
NAME	Bach, Alfons, S.	32 NAME	
STREET ADDRESS	3996 Avalon blvd.	33 STREET ADDRESS	
CITY ST ZIP	milton, Fl., 32570	34 CITY ST ZIP	
TITLE	Secretary:	41 TITLE	☐ Change ☐ Addition
NAME	Bach, Alfons, S.	42 NAME	
STREET ADDRESS	3996 Avalon blvd.	43 STREET ADDRESS	
CITY ST ZIP	milton, Fl. 32570	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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: [signature] Alfons S. Bach 6/18/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Daytime Phone #: 904-626-0411

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