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

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL 25 AM 10: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000072267 (5)

1. Corporation Name
ALEXANDER & SONS, INC.

Principal Place of Business
~~2097 BACOM POINT RD~~
~~PAHOKEE FL 33476~~

Mailing Address
~~2097 BACOM POINT RD~~
~~PAHOKEE FL 33476~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1994
3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 4735 Hendry Isles Blvd. | 26 4735 Hendry Isles Blvd. |
| Suite, Apt. #, etc 22 Clewiston, Fl. 33440 | Suite, Apt. #, etc 27 Clewiston, Fl. 33440 |
| City & State 23 Clewiston, Fl. 33440 | City & State 28 Clewiston, Fl. 33440 |
| Zip 24 33440 Country 25 | Zip 29 33440 Country 30 |

4. FEI Number: 65-0518447 ☐ 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**

HEFFERNAN, RICHARD L
2911 E MAIN ST
PAHOKEE FL 33476

**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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | P/S | ☒ Change ☐ Addition |
| NAME | ~~ALEXANDER, BILLY J~~ | 1.2 NAME | ALEXANDER, TIMOTHY E. | |
| STREET ADDRESS | ~~2097 BACOM POINT RD~~ | 1.3 STREET ADDRESS | RT 6 BOX 800 LOT 4 | |
| CITY ST ZIP | ~~PAHOKEE FL 33476~~ | 1.4 CITY ST ZIP | LAKEPORT, FL. 33974 | |
| TITLE | D | 2.1 TITLE | V/T | ☒ Change ☐ Addition |
| NAME | ~~ALEXANDER, MARY E~~ | 2.2 NAME | ALEXANDER, JIMMY W. | |
| STREET ADDRESS | ~~2097 BACOM POINT RD~~ | 2.3 STREET ADDRESS | 4735 HENDRY ISLES BLVD. | |
| CITY ST ZIP | ~~PAHOKEE FL 33476~~ | 2.4 CITY ST ZIP | CLEWISTON, FL. 33440 | |
| TITLE | | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | |
| CITY ST ZIP | | 3.4 CITY ST ZIP | | |
| TITLE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY ST ZIP | | 4.4 CITY ST ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY ST ZIP | | 5.4 CITY ST ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ 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 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: X /Jimmy W. Alexander 04/27/95 813/983-4970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0203732 CP