

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000087471 (6)**

1. Corporation Name
ALKY, INC.

Principal Place of Business
**8084 N DAVIS HIGHWAY
PENSACOLA FL 32518
US**

Mailing Address
**2340 OXFORD DRIVE
PENSACOLA FL 32503-5042**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8084 N DAVIS HWY Suite, Apt. #, etc. 22 PENSACOLA City & State 23 PENSACOLA FL Zip 24 32514 Country 25 USA		2a. Mailing Address 26 Tom Collier Suite, Apt. #, etc. 27 7310 BELGIUM RD City & State 28 PENSACOLA FL Zip 29 32526 Country 30 USA		3. Date Incorporated or Qualified 11/29/1994	
		4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**SEARCY, WILLIAM R
8084 N DAVIS HIGHWAY
PENSACOLA FL 32514**

10. Name and Address of New Registered Agent

81 Name **THOMAS M COLLIER**
82 Street Address (P.O. Box Number is Not Acceptable)
7310 BELGIUM RD
83
84 City **PENSACOLA** FL 85 Zip Code **32526**

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 its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **THOMAS M COLLIER PRESIDENT** 1/29/98
Signature, typed or 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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEARCY, WILLIAM R	1.2 NAME	
STREET ADDRESS	2340 OXFORD DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32503-5042	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIER, THOMAS M	2.2 NAME	
STREET ADDRESS	7310 BELGIUM ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32526	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 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.

SIGNATURE: **THOMAS M COLLIER** 4/13/98 8504766603

CR2E034 (10/97)