

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. McPherson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000087638 (0)**

1. Corporation Name

RETIREMENT ALTERNATIVES, INC.



Principal Place of Business

**2421 SLOUGH ROAD
SARASOTA FL 34240**

Mailing Address

**2421 SLOUGH ROAD
SARASOTA FL 34240**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

g. Name and Address of Current Registered Agent

**COLVIN, GEORGE H
2421 SLOUGH ROAD
SARASOTA FL 34240**

3. Date Incorporated or Qualified
11/28/1994

3a. Date of Last Report
04/10/1995

4. FEI Number
59-3281679

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

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 607.06(2) 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 changes were 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 607.06(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	COLVIN, GEORGE H.	
STREET ADDRESS	2421 SLOUGH ROAD	
CITY-STATE-ZIP	SARASOTA FL	
TITLE	VPD	☐ DELETE
NAME	COLVIN, RHONDA L.	
STREET ADDRESS	2421 SLOUGH ROAD	
CITY-STATE-ZIP	SARASOTA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	☐ Change ☐ Addition
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY-STATE-ZIP	☐ Change ☐ Addition
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	☐ Change ☐ Addition
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	☐ Change ☐ Addition
27 TITLE	
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE-ZIP	☐ Change ☐ Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	☐ Change ☐ Addition
35 TITLE	
36 NAME	
37 STREET ADDRESS	
38 CITY-STATE-ZIP	☐ Change ☐ Addition
39 TITLE	
40 NAME	
41 STREET ADDRESS	
42 CITY-STATE-ZIP	☐ Change ☐ Addition

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(2)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: *George H. Colvin Pres.* **George H. Colvin**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96 941-377-9636
Date Date Preparer

CR2E034 (12/95)