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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996 Secretary of State DIVISION OF CORPORATIONS								
DOCUI 1. Corporation	MENT # P940	00091090	(8)	**					
ALAMO	INC.								
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Principal Place		Mailing Address				Transfer viz term shall shall shall	* 00111 90179 1018		1000 000 (44)
13014 NORTH SUITE 234	I DALE MABRY		13014 NORTH DALE MABRY SUITE 234						
TAMPA FL 33	618	TAMPA FL 33618							
						3. Date Incorporated or Qualified	1	of Last Re	•
2. Principal Pa	ace of Business	2a. Mailing Addres				12/16/1994 4. FEI Number	U/	/11/199	Applied For
21		26				59-3299264			Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, 6	elo.			5. Cert-ficate of Status Desired			Additional
22		27				3. Certificate of Status Desired		Fee F	Required
Crty & State)	City & State				6. Election Campaign Financing	П		May Be
23 Zip	Country	28	— т	Jounty		Trust Fund Contribution			i to Fees
24	25	Ζηρ 29	30	ouning	y	This corporation has liability for Florida Statutes Yes	rintangible ta: s ∏No	cunder s	199.032,
	9. Name and Address of Cu			T		10. Name and Address of New		gent	
				81	Name				
ALDERMAN, KEVIN S					Street A	Address (P.O. Box Number is Not Accepta	ble)		
13014 NORTH DALE MABRY									
SUITE 23				83	+				
TAMPA F	FL 33618			84	City			85 Zip	Code
44 Dung sant t		2000 - 10014500 0	Z		L		FL		
or register	ed agent, or both, in the State of I	Norda. Such chânge was ar	ithorized his th	ic co.t ipove	named cor foration's b	rporation submits this statement for the publicard of directors. Thereby accept the app	irpose of chai pointment as i	nging its re registered	egistered office agent. Lan:
	th, and accept the obligations of, \$	Section 607.0505, Florida St	atut e s						
SIGNATURE _	Signative it print or printed man relating the enti-	our Car differ d'épair aidir	Televis Rayu	زم _ا A ال	Sejrat de res	quited when train strap	DAIL	· ···· ·· - · · ·	l_
12.		AND DIRECTORS	1	3.		ADDITIONS CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
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NAME	ALDERMAN, KEVIN S		1	2 NAME					25
STREET ADORESS	2222 FLETCHERS PT. CIR	CLE	1	3 STREE	1 ADOBLSS		_		ا الآ
CITY-SI-ZIP	TAMPA FL	F100.F1		4 CHY-5				36/3	, ,
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NAME STREET ADDRESS	ALDERMAN, DEBRA J 2222 FLETCHERS PT. CIR	n E		2 NAME					
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CITY - ST - ZIP TITLE		☐ DELET		4 CITY -: 1 TOTLE	51 - ZIr'] Change	Addition
	ı		P 0				L	- Charry	, ida.com

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this fling 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.

6.2 NAME

6.3 STREE! ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Make Deldy na-

5-24-96 Dar

813-264-1329 Cayton & Phone: #