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03-10-1999 90169 027 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

T. Corporation	MENT # P95000 Name ALKER, INC.	021236				
Principal Place	e of Business	Mailing Address		i \$801/201 tin inini niiti ndiiri nairi narii dai	18 s168: 41610 11866 (
107 SHORELINE	DR	107 SHORELINE DR		,		
GULFBREEZE FL 32561-4148 GULFBREEZE FL 32561-4148				DO NOT WRITE IN TH	IIG GDACE	
US		US		3. Date Incorporated or Qualifed	- GFACE	
				03/14/1995		
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Apr	olied For
21		26		59-3305933	<u> </u>	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 A	dditional
22		27		5. Certifcate of Status Desired	Fee Re	quired
City & State		City & State		6. Election Campaign Financing	- \$5.00	
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	□No
24	25		80	Personal Property Tax. 10. Name and Address of New Registere		<u> </u>
	9. Name and Address of Currer	nt Registered Agent	81 Name	to. Name and Address of New Registers	IG Agent	
CALE	OWELL, HARRY M JR.					_
107 SHORELINE DR			82 Street Add	tress (P.O. Box Number is Not Acceptable)		
GULFBREEZE FL 32561-4148			83			
			84 City	·	L 85 Zip C	,oue
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose	of changing its	registered
office or re	egistereti agent or both fin the State	of Florida. Such charge was aut	thorized by the corporati da Statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	continent as reg	gisterea
SIGNATURE				3-5-	19	
SIGNATURE	Signature, typed or printed same of registered age		Registered Agent signature requir	ed when reinstating) DATE		DC IN 42
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	CALDMELL HADDY M	☐ DELETE	1.1 TITLE			(L) Fladidott
NAME	CALDWELL, HARRY M 107 SHORELINE DR		1.2 NAME			
STREET ADDRESS	GULFBREEZE FL 32561-4148		1.3 STREET ADDRESS			
CITY-ST-ZIP	GULFBREEZE FL 32301-4146	☐ DÉLETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change	Addition
TITLE		C Decert	2.2 NAME		_ ,	
NAME			2.3 STREET ADDRESS			
STREET ADDRESS			2.4 CITY-ST-ZIP			_
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	1	Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			ľ
CITY-ST-ZIP			3.4. CITY-ST-ZIP			_
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			Ì
C/TY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			ļ
STREET ADDRESS			5.3 STREET ADORESS			
CITY-ST-ZIP		□ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change	Addition
TITLE :		☐ DELETE	6.2 NAME			
NAME			6.3 STREET ADDRESS			•
STREET ADDRESS	i .		J.J. G.I. ILL. I ADDITION			

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 of 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 changes of a parachment myty an abdress with all parties in the empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP