

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000086894 (9)**

1. Corporation Name
ALTERATIONS UNLIMITED CONTRACTING, INC.



Principal Place of Business: **1910 99TH AVENUE TAMPA FL 33612**
Mailing Address: **1910 99TH AVENUE TAMPA FL 33612**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **11/13/1995**
3a. Date of Last Report
4. FEI Number: **19-3346780**
5. Check type of Status Desired: \$8.75 Additional Fee Required
6. Has an Officer or Director Held a Federal Qualification: \$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

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation submits the 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. ADDITIONAL HANDS TO REGISTERABLE OFFICERS IN 12	
TITLE	PTD	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKETTE, CAROL C	12. NAME	
STREET ADDRESS	1910 99TH AVENUE	13. STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL 33612	14. CITY-STATE-ZIP	
TITLE	VSD	15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKETTE, SHAWN D	16. NAME	
STREET ADDRESS	1910 99TH AVENUE	17. STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL 33612	18. CITY-STATE-ZIP	
TITLE		19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		20. NAME	
STREET ADDRESS		21. STREET ADDRESS	
CITY-STATE-ZIP		22. CITY-STATE-ZIP	
TITLE		23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24. NAME	
STREET ADDRESS		25. STREET ADDRESS	
CITY-STATE-ZIP		26. CITY-STATE-ZIP	
TITLE		27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28. NAME	
STREET ADDRESS		29. STREET ADDRESS	
CITY-STATE-ZIP		30. CITY-STATE-ZIP	

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***200.00

Handwritten initials and date: JZ 3.28

SIGNATURE: *Carol Calkins Burkette*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CAROL CALKINS BURKETTE

1/31/96 813-935-7521

CP2E034 (12/95)