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FILED
Aug 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000076924 (5)

1. Corporation Name

ALEXANDER TROY CONSULTANTS, INC.

Principal Place of Business

8726 PISA DRIVE #734
ORLANDO FL 32810

Mailing Address

8726 PISA DRIVE #734
ORLANDO FL 32810-2137



3. Date Incorporated or Qualified

09/16/1996

3a. Date of Last Report

N/A 1st

4. FEI Number

59-3400049

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

21 1890 Semoran Blvd

Suite, Apt. #, etc.

22 395

City & State

23 Winter Park

Zip

24 32792

Country

25 USA

2a. Mailing Address

26 1890 Semoran Blvd

Suite, Apt. #, etc.

27 395

City & State

28 Winter Park

Zip

29 32792

Country

30 USA

9. Name and Address of Current Registered Agent

LOFTIS, LARRY B

8726 PISA DRIVE #734
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name

David S. Heredia

82 Street Address (P.O. Box Number is Not Acceptable)

8726 PISA Dr.

83

Ste 733

84

City

Orlando

FL

85 Zip Code

32810

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

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-7-97 97

DATE

12. OFFICERS AND DIRECTORS

TITLE D LOFTIS, LARRY B ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
8726 PISA DRIVE #734
ORLANDO FL 32810

TITLE D ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
HEREDIA, DAVID
8726 PISA DRIVE #734
ORLANDO FL 32810

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres./CEO ☒ Change ☐ Addition

1.2 NAME David S. Heredia
1.3 STREET ADDRESS 8726 PISA Dr. # 733
1.4 CITY-ST-ZIP Orlando, FL 32810

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Sn Vice Pres.
2.3 STREET ADDRESS Edward Spade
2.4 CITY-ST-ZIP 20 N. Edgemon Ave.
Winter Springs 32708

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Sn Vice Pres.
3.3 STREET ADDRESS Shyne Jones
3.4 CITY-ST-ZIP 4856 E. Michigan St #2
Orlando, FL 32812

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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***550.00

14. I do 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

[Signature]

CR2E034 (9/96)