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Secretary of State

03-01-1999 90120 041 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000020757

1. Corporation Name
ALCOM, INC.

Principal Place of Business

**1259 JEFFREYSCOT DR
CRESTVIEW FL 32536**

Mailing Address

**P.O. BOX 1422
CRESTVIEW FL 32536**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1997

4. FEI Number

59-3439983

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2523 S. FERDON BLVD

2a. Mailing Address

2523 S. FERDON BLVD

Suite, Apt. #, etc.

STE 176

Suite, Apt. #, etc.

STE 176

City & State

Crestview FL

City & State

Crestview FL

Zip

32536

Country

OKALOOSA

Zip

32536

Country

OKALOOSA

9. Name and Address of Current Registered Agent

**ALBRIGHT, RICHARD L
1259 JEFFREYSCOT DR
CRESTVIEW FL 32536**

10. Name and Address of New Registered Agent

81. Name

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

2523 S. FERDON BLVD STE 176

83. City

Crestview

FL

85. Zip Code

32536

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

Richard L Albright

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PVT
ALBRIGHT, RICHARD
1259 JEFFREYSCOT DR
CRESTVIEW FL 32536**

TITLE ☐ DELETE

**SD
ALBRIGHT, RICHARD
1259 JEFFREYSCOT DR
CRESTVIEW FL 32536**

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 ☐ Change ☐ Addition

**PVT
ALBRIGHT, RICHARD
2523 S. FERDON BLVD STE 176
CRESTVIEW FL 32536**

2.1 TITLE ☐ Change ☐ Addition

**SD
ALBRIGHT, RICHARD
2523 S. FERDON BLVD STE 176
CRESTVIEW FL 32536**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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 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 with all other like empowered.

SIGNATURE:

Richard L Albright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99 8506829048
Date Daytime Phone #

CR2E034 (11/98)