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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90037 036 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000040054

1. Corporation Name
ALTERNATIVE FINANCIAL INCORPORATED

Principal Place of Business

3234 S FLORIDA AVENUE
SUITE C
LAKELAND FL 33803
US

Mailing Address

3234 S FLORIDA AVENUE
SUITE C
LAKELAND FL 33803
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1997

4. FEI Number

59-3448767

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

DILLON, TIMOTHY C
5115 N SOCRUM LOOP ROAD #55
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name Timothy Dillon

82 Street Address (P.O. Box Number is Not Acceptable)
5115 N. Socrum Loop Rd #18

83

84 City Lakeland

FL

85 Zip Code 33809

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 *Timothy C. Dillon*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-30-99
DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME O'REILLY, PATRICK M
STREET ADDRESS 5115 N SOCRUM LOOP ROAD #55
CITY-ST-ZIP LAKELAND FL 33809

TITLE VP
NAME DILLON, TIMOTHY C
STREET ADDRESS 5115 N SOCRUM LOOP ROAD #55
CITY-ST-ZIP LAKELAND FL 33809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VP
2.2 NAME Dillon Timothy C.
2.3 STREET ADDRESS 5115 N. Socrum Loop Rd #18
2.4 CITY-ST-ZIP Lakeland FL 33809

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

941-701-2274
Daytime Phone #

CR2E034 (11/98)