

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P97000074691 (1)**

1. Corporation Name

ALIRON SERVICES, INC.

Principal Place of Business

**13710 BELLAMY BROTHERS BLVD.
DADE CITY FL 33525**

Mailing Address

**13710 BELLAMY BROTHERS BLVD.
DADE CITY FL 33525**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1997

4. FEI Number

59-3466384

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**MONK, RONALD A
13710 BELLAMY BROTHERS BLVD.
DADE CITY FL 33525**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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 *Ronald A. Monk*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/25/98
DATE

12. OFFICERS AND DIRECTORS

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

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

1.2 NAME **P/T/D**

1.3 STREET ADDRESS **RONALD MONK**

1.4 CITY-ST-ZIP **13710 BELLAMY BROS. BLVD**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **DADE CITY, FL 33525**

2.3 STREET ADDRESS **S/U/D**

2.4 CITY-ST-ZIP **ALICIA MONK**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **13710 BELLAMY BROS. BLVD**

3.3 STREET ADDRESS **DADE CITY, FL 33525**

3.4 CITY-ST-ZIP **500002674575--7**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **-10/28/98--01067--006**

4.3 STREET ADDRESS ******550.00 ****550.00**

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME **10/22**

5.3 STREET ADDRESS ☐ Change ☐ Addition

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.

SIGNATURE: *Ronald A. Monk* **RECEIVED** *Ronald A. Monk* **9/25/98** **352-588-4661**

APPROVED
AND
FILED

98 OCT 22 PM 3: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0082105

CR2E034 (5/98)