<u>...</u> 6.UU ^a

DOCUMENT # P97000083320 1. Entity Name

| T. Littly (Valide | | | | | - 1 | May 10 |). ZU | מ טע | :1111 2 |
|---|--|---|--|--|--|--|------------------------|----------------------------|----------------------------|
| ALC, INC | | | | | | Secret | tary | of S | tate |
| Principal Place | of Business | Mailing Address | | | 7 | 03-02-200 | 00 901 09 | 036 ***1 | 50.00 |
| 10661 SE 144 PLACE SUMMERFIELD FL 33491 | | 10667 SE 144 PLACE SUMMERFIELD FL 34491-3729 | | | | | | | |
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| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt, #, etc. | | \neg | TIRW TON OC | E IN THIS SI | PACE | | |
| City & State | | City & State | | 4. F | | | lied For Applicable | | |
| Zip | Country | Zip | Coun | ntry | 5. C | Certificate of Status Desired | | 8.75 Addit | tional |
| | 6. Name and Address of Current I | Registered Agent | | Τ | 7. N | ame and Address of New Re | | | |
| | | | * | Name | | · | <u> </u> | | |
| LEWIS, CATHERINE A 10661 SE 144 PLACE SUMMERFIELD FL 33491 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| SUM | MERIFIELD PL 33491 | | | City | | | | Zip Code | |
| | | | | | | | FL. | 2.0000 | |
| This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) | | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.0 Make Check Payable to Department of | | | 10. Election Campaign Fin Trust Fund Contribution | | | May Be to Fees | |
| 11. | OFFICERS AND | DIRECTORS | 12. | | AC | DITIONS/CHANGES TO OFF | CERS AND | DIRECTORS | N 11 |
| TITLE | D | Delete | TITE | | | | | Change | Addition |
| NAME STREET ADDRESS | LEWIS, JAMES A | | NA) | ME REET ADDRESS | | | | | |
| CITY-ST-ZIP | 10661 SE 144 PLACE SUMMERFIELD FL 33491 | | | | | | | | |
| TITLE | D | • | CH | TY-ST-ZIP | | | | | • |
| NAME | | Delete | TIT | | | | | Change | Addition |
| | LEWIS, CATHERINE A | ☐ Delete | TIT! | ile Me | | | | Change | - Addition |
| STREET ADDRESS | 10661 SE 144 PLACE | Delete | TITI NAI STI | TLE | | | | Change | Addition |
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13. 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 report or supplemental 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 11 or Block 12 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

2/20/00