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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000090504

1. Corporation Name

ALAMAR SERVICES, INC.

Principal Place of Business
 70 NORTH TRIPLET LAKE DRIVE
 CASSELBERRY FL 32707

Mailing Address
 70 NORTH TRIPLET LAKE DRIVE
 CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1997

4. FEI Number

59-3485424

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 **3316 OHIO AVENUE**

Suite, Apt. #, etc.

2a. Mailing Address

26 **3310 OHIO AVE**

Suite, Apt. #, etc.

City & State

23 **SANFORD, FL**

City & State

28 **SANFORD, FL**

Zip

24 **32773**

Country

25 **SEMIWOLE**

Zip

29 **32773**

Country

30 **SEMIWOLE**

9. Name and Address of Current Registered Agent

MARTIN, WAYNE

~~70 NORTH TRIPLET LAKE DRIVE~~

~~CASSELBERRY FL 32707~~

10. Name and Address of New Registered Agent

81 Name

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

3310 OHIO AVE

83

84 City **SANFORD**

FL

85 Zip Code **32773**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, WAYNE	1.2 NAME	WAYNE MARTIN (ADDRESS)
STREET ADDRESS	70 NORTH TRIPLET LAKE DRIVE	1.3 STREET ADDRESS	3310 OHIO AVENUE
CITY-ST-ZIP	CASSELBERRY FL 32707	1.4 CITY-ST-ZIP	SANFORD, FL 3
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	SHERY L. MARTIN
STREET ADDRESS		2.3 STREET ADDRESS	3310 OHIO AVENUE EFFECTIVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SANFORD, FL 32773 1/1/99
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	ROBERT M. MARTIN
STREET ADDRESS		3.3 STREET ADDRESS	308 ALPINE STREET EFFECTIVE 9/30/98
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	MICHAEL B. MARTIN
STREET ADDRESS		4.3 STREET ADDRESS	3316 OHIO AVENUE EFFECTIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	SANFORD, FL 32773 1-1-99
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	RUSSELL W. MARTIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	VICE PRESIDENT
STREET ADDRESS		5.3 STREET ADDRESS	70 NORTH TRIPLET LAKE DRIVE EFFECTIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CASSELBERRY, FL 32707 1/1/99
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

30 Jan 99

Date

407-695-8989

Daytime Phone #

CR2E034 (11/98)