

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000104558

1. Corporation Name

ALCO BUSINESS SERVICES, INC

Principal Place of Business

Mailing Address

1920 VIRGINIA AVE #503
FORT MYERS, FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/97

4. FEI Number

65 0797663

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21 1920 VIRGINIA AVE

Suite, Apt. #, etc.

22 #503

City & State

23 FORT MYERS, FL

Zip

24 33901

Country

25 LEE

2a. Mailing Address

26 1920 VIRGINIA AVE

Suite, Apt. #, etc.

27 #503

City & State

28 FORT MYERS, FL

Zip

29 33901

Country

30 LEE

9. Name and Address of Current Registered Agent

BONNIE ALLEN
1920 VIRGINIA AVE #503
FORT MYERS, FL 33901

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

Bonnie Allen

Signature type for purposes of Section 607.0505, Florida Statutes.

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/24/98

12. OFFICERS AND DIRECTORS			
TITLE	PRES/DIR	☐ DELETE	
NAME	BONNIE ALLEN		
STREET ADDRESS	1920 VIRGINIA AVE #503		
CITY-ST-ZIP	FORT MYERS, FL 33901		
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	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

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-05/08/98--01071--020
***150.00

OC 5/6

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:

Bonnie Allen, President

4/24/98

941
768-6116 x249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (10/97)