

Amended

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       |                                                                                                                                                                                                               |                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P97000105368</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       |                                                                                                                              |                                                                                                                                                                         |
| 1. Entity Name<br><b>ALFORD, ALFORD, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                       |                                                                                                                                                                                                               |                                                                                                                                                                         |
| Principal Place of Business<br>3816 REID STREET<br>PALATKA, FL 32177                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       | Mailing Address<br>3816 REID STREET<br>PALATKA, FL 32177                                                                                                                                                      |                                                                                                                                                                         |
| 2. Principal Place of Business<br><b>12707 SE 100A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       | 3. Mailing Address<br><b>12707 SE 100A</b>                                                                                                                                                                    |                                                                                                                                                                         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       | Suite, Apt. #, etc.                                                                                                                                                                                           |                                                                                                                                                                         |
| City & State<br><b>Starke, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                       | City & State<br><b>Starke, FL</b>                                                                                                                                                                             |                                                                                                                                                                         |
| Zip<br><b>32091</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country<br><b>USA</b>                                                                                                 | Zip<br><b>32091</b>                                                                                                                                                                                           | Country<br><b>USA</b>                                                                                                                                                   |
| 4. FEI Number<br><b>58-3483330</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                        |                                                                                                                                                                         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                       | \$8.75 Additional Fee Required                                                                                                                                                                                |                                                                                                                                                                         |
| 6. Name and Address of Current Registered Agent<br><b>ALFORD, BRYAN T<br/>3816 REID STREET<br/>PALATKA, FL 32177</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                       | 7. Name and Address of New Registered Agent<br>Name <b>Alford, Sr. George M.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>12707 SE 100A</b><br>City <b>Starke</b> FL Zip Code <b>32091</b> |                                                                                                                                                                         |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, the registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |                                                                                                                                                                                                               |                                                                                                                                                                         |
| SIGNATURE <u>George M. Alford Sr.</u> (NOTE: Registered Agent Signature Required When Relinquishing)<br>Signature (Typed or Printed Name of Registered Agent and Title if Applicable) DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                       |                                                                                                                                                                                                               |                                                                                                                                                                         |
| 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       | \$5.00 May Be Added to Fees                                                                                                                                                                                   |                                                                                                                                                                         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                         |                                                                                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Delete<br><b>C<br/>ALFORD, BRYAN T<br/>ROUTE 1 BOX 2000<br/>PALATKA, FL 32177</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Owner/President<br/>Alford, Sr. George M.<br/>12707 SE 100A<br/>Starke, FL 32091</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Delete<br><b>S<br/>CLAPP, KAY<br/>ROUTE 1 BOX 2000<br/>PALATKA, FL 32177</b>      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Secretary<br/>Jenkins, Angela L.<br/>12707 SE 100A<br/>Starke, FL 32091</b>          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Vice President<br/>Alford, Jr. George M.<br/>12707 SE 100A<br/>Starke, FL 32091</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                       |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                                       |                                                                                                                                                                                                               |                                                                                                                                                                         |
| SIGNATURE: <u>George M. Alford Sr.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                       | 386-937-5547                                                                                                                                                                                                  |                                                                                                                                                                         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       | Date                                                                                                                                                                                                          |                                                                                                                                                                         |

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7/6/23