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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999		DIVISION OF CORPOR
DOCUMENT 1. Corporation Name ALFORD, JONES,	# P97000105	379

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90294 003 ***150.00



Principal Place of Business Mailing Address							- I INDIIARI (18 JATIL 1881)) DOJII ABIIL BAIN: IIAIL ABINI AIIAN AIIIL IABI	10 1011 1801		
ROUTE 1 BOX 2000 ROUTE 1 BOX 2000						}				
PALATKA FL 32177 PALATKA FL 32177							DO NOT WRITE IN THIS SPACE			
									3. Date incorporated or Qualifed	
		}							01/01/1998	ĺ
2. Principal P	lace of Busi	iness	28	Mailing Address						ed For
		30x 2000	26	Route 8,	Box	20	30	0	** 	Applicable
Suite, Apt.		1 2000	20	Suite, Apt. #, etc.				-	\$8.75 Add	
22	,		27	, , ,					5. Certificate of Status Desired Fee Requirements	uired
City & State	e	'		City & State					6. Election Campaign Financing S5.00 Ma	av Be
23 Palat	ka, I	lorida	28	Palatka,	Flor	id	āа		Trust Fund Contribution Added to I	
Zip		Country		Zip	Co	untry	,		8. This corporation owes the current year Intangible	-
24 3217	77	25	29	32177	30				Torografi Topolity Tax.]No
	9. Name	e and Address of Currer	nt Regis	tered Agent		ļ_	_		10. Name and Address of New Registered Agent	
A1 E6	NOO DOIA	<u> </u>				81	N	lame		
	ORD, BRIA					82	s	treet Addr	ess (P.O. Box Number is Not Acceptable)	
	TE 1 BOX					_	↓_			———
PALA	ATKA FL 3	21//				83	1			
1						84	1	City	85 Zip Coo	de
	150	<u> </u>				1		•	FL	
11. Pursuant	to the provi	sions of Sections 607.050	22 and 60	07.1508, Florida Stat	utes, the a	ibove d hv	e-na	amed corporation	pration submits this statement for the purpose of changing its ren's board of directors. I hereby accept the appointment as regis	gistered stered
agent. I a	m familiar v	with, and accept the obliga	ations of,	Section 607.0505, F	lorida Sta	tutes	i 10	. co. poratio	in a bout of unions of the roots and appearance region	
SIGNATURE										
						_				
	Signature, type	d or printed name of registered age				_ <u>-</u> -	nt sig	nature required	when reinstating) DATE	C IV 40
12.		d or printed name of registered age OFFICERS AN		CTORS	13		nt sig	nature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
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12. TITLE NAME	C ALFORD	OFFICERS AN		CTORS	13 1.1 T	ITLE IAME			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
12. TITLE NAME STREET ADDRESS	C ALFORD ROUTE	OFFICERS AN BRIAN BOX 2000		CTORS	13 1.1 T 1.2 h	ITLE IAME	TADO	DRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ALFORD ROUTE PALATKA	OFFICERS AN		CTORS DELETE	13 1.1 1 1.2 h 1.3 S 1.4 C	ITLE IAME ITREEI	TADO	DRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	C ALFORD ROUTE PALATKA	OFFICERS AN BRIAN 1 BOX 2000 A FL 32177		CTORS	13 1.11 1.21 1.35 1.40 2.11	ITLE IAME TREET ITY-S'	TADO	DRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	C ALFORD ROUTE PALATKA C CLAPP,	OFFICERS AN BRIAN 1 BOX 2000 A FL 32177		CTORS DELETE	13 1.11 1.28 1.38 1.40 2.11 2.28	ITLE IAME ITREE ITY-S ITLE IAME	T ADC	DRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	Addition
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CITY-ST-ZIP > 1 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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS