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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000043891

ALCA, INC.

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90015 034 \*\*\*150.00



Principal Place of Business	Mailing Address					1) 21020 MISH 13H	- · · · · · · · · · · · · · · · · · · ·
ROUTE 4 HWY 158A. BOX 4262		ROUTE 4 HWY 158A. BOX 4262					
MONTICELLO FL 32344	MONTICELLO FL 32344				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					05/13/1998		
2. Principal Plage of Business 2a. Mailing Address					4. FFI Number	<b>→</b>	pplied For
1 K+4 B0X4262 26 K+4 B0X 4262					59-350 9839		lot Applicable
Suite, Apt. #, etc. 22 Hu 158- A	158-A 27 Hu 158-A				5. Certifcate of Status Desired		Additional tequired
City & State City & State			<b>キ</b> レ		6. Election Campaign Financing		May Be
23 Monuticallo FL 28 Monticala			Country		Trust Fund Contribution		to Fees
Zip Country	Zip		шу	43	This corporation owes the current year     Personal Property Tax.	Intangible	<b>⊠</b> No
24 32344 25 US	1 1	30		<u>u </u>	10. Name and Address of New Registers		
9. Name and Address of Curren	r Registered Agent	_	81	Name	10. Hallio alla Azarosa el Revi Regissore		
SPOSSEY, AL		ļ	_		The state of the s		
ROUTE 4 HWY 158A, BOX 4262			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
MONTICELLO FL 32344		f	83				
				<b>5</b> ::	· · · · · · · · · · · · · · · · · · ·	les Zin	Codo
	•		84	City	F	L 85 Zip	Code
11. Pursuant to the provisions of Sections bi7. USO: office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligated SIGNATURE Signature, typed or printed name of vegistered agent.	AL SPOSSEY	naa Statu	ites.		d when reinstating) DATE	127/9	<u> </u>
	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	
TITLE PRESIDENT	☐ DELETE	1.1 TIT	ιE			Change	Addition
NAME AL SPOSSES		1.2 NA	ME				
STREET ADDRESS R+ 4 Box 4262	<b>—</b> —	1.3 ST	REET /	ADDRESS			
CITY-ST-ZIP MONTICELLO, 7L	32344	1.4 CIT	Y-ST-	ZIP			- Addition
TITLE	☐ DELETE	2.1 TIT				☐ Change	Addition
NAME		2.2 NA					Ì
STREET ADDRESS				ADDRESS	~		ļ
CfTY-ST-ZIP	☐ DELETE	2. 4 Cf 3.1 TIT		-ZiP		☐ Change	Addition
TITLE		3.3 III					
NAME CTREET ADDRESS				ADDRESS			l
STREET ADDRESS CITY-ST-ZIP		3.4. CI		ſ			
TITLE	☐ DELETE	4.1 TIT				Change	Addition
NAME		4, 2 N	AME				
STREET ADDRESS	•	4.3 ST	REET	ADDRESS			
CITY-ST-ZIP		4.4 CIT	Y-ST	- ZIP			
TITLE	☐ DELETE	5.1 TIT				Change	Addition
NAME		5.2 NA					
STREET ADORESS				ADDRESS			
CITY-ST-ZIP		5.4 CIT		-ZIP	-	- Cheese	☐ Addition
MAKE THE STATE OF	☐ DELETE	6.1 TIT				Change	e ☐ Addition
TOWNE A STATE OF THE STATE OF T		6.2 NA		ADDRESS			
STREET ADDRESS			KEET.	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 of 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:

850 342 1028