

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90058 003 ***150.00

DOCUMENT # V09362

1. Corporation Name

AL DUBOIS INDUSTRIES, INC.

Principal Place of Business

P O BOX 11046
SHADY HILLS RD
SPRING HILL FL 34610
US

Mailing Address

P O BOX 11046
SHADY HILLS RD
SPRING HILL FL 34610
US

2. Principal Place of Business

21 15206 ELMONT ST

2a. Mailing Address

26 PO BOX 11046

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 HUDSON FL

City & State

28 SPRING HILL FL

Zip

24 34610

Country

25 PASCO

Zip

29 34610

Country

30 HERNANDO

9. Name and Address of Current Registered Agent

DUBOIS, AL
662 ELMONT
HUDSON FL 34667

3. Date Incorporated or Qualified

01/24/1992

4. FEI Number

59-3102856

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME DUBOIS, AL
STREET ADDRESS P.O. BOX 11046 N/A
CITY-ST-ZIP SPRING HILL FL

TITLE V ☐ DELETE

NAME WELLS, RON
STREET ADDRESS 1110 E. CT. ST.
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE S ☐ DELETE

NAME JIMMY HEINTZELMAN
STREET ADDRESS 16521 JAYRE RD.
CITY-ST-ZIP SPRING HILL FL

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PRESIDENT
Alphonse J Dubois

RONALD WELLS
VICE-P

S
Jimmy Heintzelman

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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/99

Date

727-806-1661

Daytime Phone #

CR2E034 (11/98)