

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Office of the Secretary of State

APPROVED
AND
FILED

DOCUMENT # **V71081**

(6)

95 MAY -1 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALACHO, INC.

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business: 2032 HILLVIEW ST SARASOTA FL 34239 US		1a. Mailing Address: 2032 HILLVIEW ST SARASOTA FL 34239 US	
2. Principal Place of Business: 21 State Apt # etc 22 City & State 23 Zip		2a. Mailing Address: 26 State Apt # etc 27 City & State 28 Zip	
3. Date Incorporated or Qualified: 10/14/1992		3a. Date of Last Report: 05/01/1994	
4. FEI Number: 65-0364698		Applied For Not Applicable	
5. Certificate of Status Desired: ☒ \$8.75 Additional Fee Required		6. Election Campaign Financing: Fixed Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes: ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent LAMBRECHT, WILLIAM G. 1550 RINGLING BLVD. SARASOTA FL 34236				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 607.0502, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PT	NAME	☐ Change ☐ Addition
STREET ADDRESS	BALLIETT, JOHN W	NAME	
CITY & STATE	2032 HILLVIEW ST	STREET ADDRESS	
	SARASOTA FL	CITY & STATE	
NAME	VPS	NAME	☐ Change ☐ Addition
STREET ADDRESS	POPIELINSKI, JAMES G	NAME	
CITY & STATE	2032 HILLVIEW ST	STREET ADDRESS	
	SARASOTA FL	CITY & STATE	
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		NAME	
CITY & STATE		STREET ADDRESS	
		CITY & STATE	
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		NAME	
CITY & STATE		STREET ADDRESS	
		CITY & STATE	
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		NAME	
CITY & STATE		STREET ADDRESS	
		CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.032, Florida Statutes. I further certify that the information is included in this annual report or supplemental annual report as 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 registered broker designated to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or as an attachment with amendments.

SIGNATURE: *John W. Balliett* John W. Balliett 4-28-95 813-364-9224
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR