

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K57081

Entity Name: ALVIN J. SINGLETON, INC.**Current Principal Place of Business:**2504 N. EUCLID AVE
SARASOTA, FL 34234**Current Mailing Address:**P.O. BOX 49797
SARASOTA, FL 34230 US**FEI Number:** 65-0090766**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SINGLETON, ALVIN J
2504 N EUCLID AVE
SARASOTA, FL 34234 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PT
Name	SINGLETON, ALVIN J
Address	110 MIMOSA DR
City-State-Zip:	SARASOTA FL 34232

Title	VP
Name	FULTON, AMY S
Address	3024 MEYER DR
City-State-Zip:	SARASOTA FL 34239

Title	S
Name	FULTON, AMY S
Address	3024 MEYER DR
City-State-Zip:	SARASOTA FL 34239

Title	D
Name	KITCHNER, ALBERT (TAD) H
Address	966 PLEASANT ESTATES DR
City-State-Zip:	SARASOTA FL 34232

Title	D
Name	SINGLETON, CHRISTINA M
Address	2738 SUNCREST DRIVE
City-State-Zip:	SARASOTA FL 34239

Title	DIRECTOR
Name	SINGLETON, ALEXIS N
Address	110 MIMOSA DR
City-State-Zip:	SARASOTA FL 34232

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AMY FULTON**VICE PRESIDENT****04/02/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date