FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:20

DOCUMENT # 220308 (1)

1. Corporation Name
ALLEN TROVILLION, INC.

Principal Place of Business	Mailing Address
1340 PALMETTO AVE. P.O. DRAWER AA WINTER PARK FL 32790	1340 PALMETTO AVE. P.O. DRAWER AA WINTER PARK FL 32790

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1959
3a. Date of Last Report: 03/21/1994

2. Principal Place of Business	2a. Mailing Address
21 1665 Harold Ave.	26 1665 Harold Ave
Suite, Apt. #, etc. 22 Suite A	Suite, Apt. #, etc. 27 Suite A
City & State 23 Winter Park, FL	City & State 28 Winter Park, FL
Zip / Country 24 32789 / 25 Orange	Zip / Country 29 32789 / 30 Orange

4. FEI Number: 59-0883046 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DAUGHERTY, RICHARD E., II
1340 PALMETTO AVE
1018 PALOS VERDE, ORLANDO, FL 32825
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1665 Harold Ave.
83 Suite A
84 City: Winter Park FL 85 Zip Code: 32789

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	PT ☒ Change ☐ Addition
NAME	DAUGHERTY,RICHARD E.,II	12 NAME	Daugherty, Richard E., II
STREET ADDRESS	1340 PALMETTO AVE.	13 STREET ADDRESS	1665 Harold Ave., Suite A
CITY-ST-ZIP	WINTER PARK, FL 0	14 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	C	21 TITLE	Delete ☒ Change ☐ Addition
NAME	TROVILLION, ALLEN	22 NAME	Delete
STREET ADDRESS	1340 PALMETTO AVE.	23 STREET ADDRESS	Delete
CITY ST ZIP	WINTER PARK, FL 0	24 CITY-ST-ZIP	Delete
TITLE	S	31 TITLE	S ☒ Change ☐ Addition
NAME	TRIM, CONNIE	32 NAME	Trim, Connie
STREET ADDRESS	1340 PALMETTO AVE.	33 STREET ADDRESS	1665 Harold Ave, Suite A
CITY ST ZIP	WINTER PARK FL	34 CITY ST ZIP	Winter Park, FL 32789
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: R. E. Daugherty II Pres. 3-24-95 (407) 644-6318
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Richard E. Daugherty, II President

0061710 CP