

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -3 AM 9:08

DOCUMENT # **K95198** (3)

1. Corporation Name

**THE ALLMAN BROTHERS BAND, INC.**

Principal Place of Business

Mailing Address

% CITRIN COOPERMAN & COMPANY  
529 FIFTH AVE.  
NEW YORK NY 10017-4667

% CITRIN COOPERMAN & COMPANY  
529 FIFTH AVE.  
NEW YORK NY 10017-4667

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/14/1989** 3a. Date of Last Report **08/29/1994**

4. FEI Number **59-2950356** 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TRUCKS, CLAUDE HUDSON**  
**164 COMMODORE DR.**  
**JUPITER FL 33477**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**  
NAME **BETTS, RICHARD**  
STREET ADDRESS **210 FORREST LANE**  
CITY - ST - ZIP **PARRISH FL 34219**

1.1 TITLE  Change  Addition

TITLE **D**  
NAME **TRUCKS, CLAUDE H JR.**  
STREET ADDRESS **164 COMMODORE DR.**  
CITY - ST - ZIP **JUPITER FL 33477**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE **D**  
NAME **ALLMAN, GREGORY L**  
STREET ADDRESS **650 CALIFORNIA ST.**  
CITY - ST - ZIP **SAN FRANCISCO CA 94108**

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE **D**  
NAME **JAIMOE, D.**  
STREET ADDRESS **7 PENT ROAD**  
CITY - ST - ZIP **BLOOMFIELD CT 06002**

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**JAIMOE**  
**7 Pent Road**  
**Bloomfield, CT 06002**

TITLE

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 applicable or in the attachment with an asterisk.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*  
1/23/95 (195) 215-1955