

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 23 1997 8:00am
Secretary of State

DOCUMENT # P94000042415 (7)

1. Corporation Name

ALLEN LEVIN PROPERTIES, INC.



Principal Place of Business

316 S. BAYLEN
PENSACOLA FL 32501
US

Mailing Address

316 S. BAYLEN
PENSACOLA FL 32501-5900
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

06/07/1994

3a. Date of Last Report

04/12/1996

4. FEI Number

59-3259428

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

BROWN, GERALD L
601 S PALAFOX ST
PENSACOLA FL 32501

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 the registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME ☐ DELETE

D
LEVIN, ALLEN
316 S. BAYLEN STREET
PENSACOLA FL

12.2 NAME ☐ DELETE

12.3 NAME

12.4 STREET ADDRESS

12.5 CITY - ST - ZIP

12.6 NAME ☐ DELETE

12.7 NAME

12.8 STREET ADDRESS

12.9 CITY - ST - ZIP

12.10 NAME ☐ DELETE

12.11 NAME

12.12 STREET ADDRESS

12.13 CITY - ST - ZIP

12.14 NAME ☐ DELETE

12.15 NAME

12.16 STREET ADDRESS

12.17 CITY - ST - ZIP

12.18 NAME ☐ DELETE

12.19 NAME

12.20 STREET ADDRESS

12.21 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY - ST - ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY - ST - ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY - ST - ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY - ST - ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY - ST - ZIP

14. I do 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allen R. Levin

1-15-97

(904) 435-1160

Date

Daytime Phone #

CRM197

CR2E034 (9/96)