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CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 25 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 813139 (3)

1. Corporation Name
ALLSTATES DESIGN & DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
1210 NORTHBROOK DR., SUITE #150 TREVOSE PA 19053	1210 NORTHBROOK DR., SUITE #150 TREVOSE PA 19053

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/23/1958
3a. Date of Last Report: 01/28/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 21-0680481 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ 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	S	1.1 TITLE	☐ Change ☐ Addition
NAME	GARRICK, FREDERICK E.	1.2 NAME	
STREET ADDRESS	2320 FOX GLEN CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	NOVAK, REGIS	2.2 NAME	
STREET ADDRESS	2093 E WELLINGTON RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWTOWN PA	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, CLYDE M.	3.2 NAME	
STREET ADDRESS	1589 FAIRWAY VIEW DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRIMINGHAM AL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	VP ☒ Change ☒ Addition
NAME	SHELESKI, STANLEY J	4.2 NAME	ANDERSON, WILLIAM C.
STREET ADDRESS	116 TIMBER LANE	4.3 STREET ADDRESS	624 PEVENER RD.
CITY-ST-ZIP	LEVITTOWN PA	4.4 CITY-ST-ZIP	YARDLEY, PA. 19067
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, TED C.	5.2 NAME	
STREET ADDRESS	4472 CLAIRMONT AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GOODRICH, T. MICHAEL	6.2 NAME	
STREET ADDRESS	3320 DELL RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	6.4 CITY-ST-ZIP	

RETIRED DELETE

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)(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: William C. Anderson 1-19-95
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0366066 FP