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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **145606** **(0)**

1. Corporation Name
FLORIDA ALLSTATE INVESTMENTS INC.

Principal Place of Business	*Mailing Address*
3966 HALIFAX DR. PT ORANGE FL 32119	3966 HALIFAX DR. PT ORANGE FL 32119-3511

3. Date Incorporated or Qualified: 01/24/1946
3a. Date of Last Report: 02/23/1996

2. Principal Place of Business
21 3920 HALIFAX DR
22 Suite, Apt. #, etc.
23 City & State: PT. ORANGE FL 32119
24 Zip
25 Country

2a. Mailing Address
26 P.O. BOX 2529
27 Suite, Apt. #, etc.
28 City & State: Ft. Walton Beach Fl
29 Zip: 32549
30 Country: USA

4. FEI Number: 59-0560030 ☐ 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
XMCMAKIN,NICOLETA,SXX
X3966 HALIFAX DRIVE
XPORT ORANGE FLX

10. Name and Address of New Registered Agent
81 Name: BRIAN C. SANDERS
82 Street Address (P.O. Box Number is Not Acceptable): 171 C. Eglin Parkway NE
83
84 City: Ft. Walton Beach Fl **FL** 85 Zip Code: 32549

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: Brian C Sanders 3/17/97
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	XXX	XX DELETE	1.1 TITLE	Secretary,DIRECTOR	☒ Change XX Addition
NAME	XMCMAKIN,NICOLETA,SXX		1.2 NAME	BRIAN C. SANDERS, Esq.	
STREET ADDRESS	X3966 HALIFAX DRIVEXX		1.3 STREET ADDRESS	171 C. Eglin Parkway NE	
CITY-ST-ZIP	XPORT ORANGE FLX		1.4 CITY-ST-ZIP	Ft. Walton Beach Fl 32549	
TITLE	DIRECTOR	☐ DELETE	2.1 TITLE	President	☒ Change ☒ Addition
NAME	SANDERS, DONALD		2.2 NAME	DONALD SANDERS JR.	
STREET ADDRESS	1249 CLARK ST		2.3 STREET ADDRESS	1211 Rutlege St.	
CITY-ST-ZIP	STEVENS POINT WI		2.4 CITY-ST-ZIP	Madison WI 53703	
TITLE	SX	☒ DELETE	3.1 TITLE	DIRECTOR	☒ Change XX Addition
NAME	MCMAKIN,NICOLETA,S		3.2 NAME	JEFFRY CORNWELL	
STREET ADDRESS	3966 HALIFAX DRIVE		3.3 STREET ADDRESS	2465 SIR DOUGLASS ST.	
CITY-ST-ZIP	PORT ORANGE,FL 32000XX		3.4 CITY-ST-ZIP	HAMILTON OHIO 45013	
TITLE	RX	XX DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SANDERS,HELENA,XX		4.2 NAME		
STREET ADDRESS	3010 LUCERNE CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO,FL 32000XX		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: X Donald K. Sanders 3-24-97 715-344-2126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Reading Phone #