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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name

A.C. ALLYN & CO., INC.

(5)

FILED May 12 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							1(8(1 8)8(1 8)8(1 8)8)	II BABII ABBA
3701 BAY SHORE DR SARASOTA FL 34234		3701 BAY SHORE DR SARASOTA FL 34234				NOT WRITE IN TH	IIC CDACC	
					3. Date Incorporated or		IIO OFACE	
					06/07/1966			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Ar	oplied For	
21		26		36-2599163		No	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>		6. Certificate of Status I	Desired	•	Additional
City & State		City & State	City & State		0 Floring October 1 F			beriupe
23		— ´	28		 Election Campaign F Trust Fund Contributi 		00.5\$ Added t	May Be to Fees
Zip	Country Zip		Country		8. This corporation owe			
24	25		30		Personal Property Ta	x due June 30.	Yes [No
	9. Name and Address of Curr		10. Name and Address	of New Register	ed Agent			
LAVICE DOROTHY 9701 BAY SHORE ROAD SARASOTA FL 34234			81 Na 82 Sire	pro	Thy A. Tin ss (P.O. Box Number is No	ne V ot Acceptable)	(Name d	change
			84 City			F	L	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 recoffice 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 regis agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							s registered registered	
SIGNATURE	Storgfure, typed or printed narpo of registered o	Tunner	: Registered Agent sign			3/16/		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES	TO OFFICERS A		
TITLE	PTD	DELETE	1.1 TITLE	1.		+1	Change .	Addition
NAME	LAVICK, DOROTHY		1.2 NAME	Do	rothy A.	unney	•	
STREET ADDRESS	3701 BAYSHORE ROAD SARASOTA FL		1.3 STREET ADDRE	ss	•	,		
CITY-ST-ZIP TITLE	SVP	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	 			Change	Addition
NAME	KILLOREN, THOMAS A.		2.2 NAME				CT CHAIRS	
STREET ADDRESS	3701 BAYSHORE ROAD		2.3 STREET ADDRE	ss				
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY-ST-ZIP	~				
TITLE	T	☐ DELETE	3.1 TITLE				Change	Addition
NAME	LAVICK, CHERYL		3.2 NAME					
STREET ADDRESS	3701 BAYSHORE ROAD		3.3 STREET ADDRE	ss				Į.
CITY-ST-ZIP	SARASOTA FL		3.4, CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					ļ
STREET ADDRESS			4.3 STREET ADDRES	SS				Ì
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	-			☐ Change	Addition
NAME		C breeze	5.2 NAME				change	L., AUGILION
STREET ADDRESS			5.3 STREET ADDRES	:				
CITY-ST-ZIP			5.4 CITY-ST-ZIP	~				
TITLE		☐ DELETE	61 TITLE	 			Change	☐ Addition
NAME			6.2 NAME				_ •	_
STREET ADORESS			6.3 STREET ADDRES	ss				
CITY-ST-ZIP			6.4 CITY-ST-ZIP					
14. I hereby c	ertify that the information supplied	with this filing does not qualify for	r the exemption st	ated in Se	ection 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.