1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 305777

1. Corporation Name

A.C. ALLYN & CO., INC.

Principal	Place	of	Business

Mailing Address

## FILED Jun 07, 1999 8:00 am Secretary of State

06-07-1999 90008 037 \*\*\*550.00



3701 BAY SHOP		3701 BAY SHORE DR									
SARASOTA FL 34234		SARASOTA FL 34234		DO NOT WRITE IN THIS SPACE							
						3. Date Incorporated or Qualifed 06/07/1966					
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Applied For	İ	
<del>-</del> , '	ace of Business	26				36-2599163		—-	lot Applicable	1	
21	# _to	Suite, Apt. #, etc.	. <u> </u>						Additional	1	
Suite, Apt. i	#, etc.	27 Suite, Apr. #, etc.				5. Certifcate of Status Desired		Fee F	Required		
City & State	3	City & State				Election Campaign Financing Trust Fund Contribution			May Be I to Fees		
23	Country	Zip Country				8. This corporation owes the curre	ant year Into			1	
Zip	<u> </u>		<u> </u>			Personal Property Tax.	ont year mit	Yes	□No		
24	9. Name and Address of Curre		29 30				10. Name and Address of New Registered Agent				
	9. Name and Address of Curre	III Kegistered Agent		81 N	Name	Tot Marie alle Madress et Hell M				1	
TINN	EY, DOROTHY A.										
3701 BAY SHORE ROAD				82 5	Street Add	ress (P.O. Box Number is Not Accepta	ble)				
SAR	ASOTA FL 34234			83							
				84 (	City		FL	85 Zip	Code		
	10.5	22 and 607 4500 Florida Statuta	o the el	201/0.7	amed corr	poration submits this statement for the	nurnose of	changing i	ts registered	1	
office or re	egistered agent, or both, in the State	e of Florida. Such change was au	itnonzea	∣by the	e corporati	ion's board of directors. I hereby accep	t the appoir	ntment as	registered		
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	ida Statı	ıtes.							
SIGNATURE							DATE			ĺ.	
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			Agent sig	gnature require	ADDITIONS/CHANGES TO OF		D DIDECT	ORS IN 12	13	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	-ICERS AN	Change		1 3	
TITLE	PTD	☐ DELETÉ	1.1 TITLE 1.2 NAME		ŀ			☐ Gilange	, <u> </u>		
NAME	TINNEY, DOROTHY A.										
STREET ADDRESS	3701 BAYSHORE ROAD		1.3 ST	REETAD	DRESS						
CITY-ST-ZIP	SARASOTA FL		1.4 CF	ry-st-zi	iP				E Adde-	- !	
TITLE	SVP	☐ DELETE	2.1 TIT	LE				☐ Change	Addition	Ι'	
NAME	KILLOREN, THOMAS A.		2.2 NA	ME							
STREET ADDRESS	3701 BAYSHORE ROAD		2.3 ST	REET ADDRESS							
CITY-ST-ZIP	SARASOTA FL		2, 4 Cl	TY-ST-Z	ZIP						
TITLE	T	☐ DELETE	3.1 TITLE					Change	e ☐ Addition		
NAME	LAVICK, CHERYL		3.2 NA	ME							
STREET ADDRESS	3701 BAYSHORE ROAD	3.3 S <sup>7</sup>		REET AD	DORESS					1	
CITY-ST-ZIP	SARASOTA FL		3.4. CI	TY-ST-Z	ZIP						
TITLE		☐ DELETE	4.1 TI					☐ Change	e	-	
NAME			4. 2 N	AME							
STREET ADDRESS			4.3 ST	REETAD	DRESS					ĺ	
CITY-ST-ZIP			4.4 CI	TY-ST-Z	THP					_	
TITLE		☐ DELETE	5.1 TI	LE.				☐ Change	e		
NAME			5.2 NA	ME							
STREET ADDRESS			5.3 ST	REETAD	XORESS						
CITY-ST-ZIP			5.4 CI	TY-ST-Z	IP						
TITLE		☐ DELETE	6.1 TIT	ΓLE				Change	e Addition		
NAME			6.2 NA	ME							
STREET ADDRESS			6.3 ST	REETAL	DDRESS						
CITY-ST-ZIP			6.4 CI	TY-ST-Z	yP						
OH FOR AN											

14. I 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, and attachment with an address, with all other like empowered.

SIGNATURE: