

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90007 007 ***150.00

DOCUMENT # 324833

1. Entity Name

ALLISON PROPERTIES INC



Principal Place of Business

96034 SANDY POINT CIRCLE
FERNANDINA BEACH FL 32034

Mailing Address

96034 SANDY POINT CIRCLE
FERNANDINA BEACH FL 32034

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1208204

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLISON, R.D.
96034 SANDY POINT CIRCLE
FERNANDINA BEACH FL 32034

Name Robert S. Allison

Street Address (P.O. Box Number is Not Acceptable)

96034 Sandy Point Circle

City Fernandina Beach FL Zip Code 32034

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

2-18-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC
NAME ALLISON, R D ☒ Delete
STREET ADDRESS 2274 LAKE SHORE BLVD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE PD
NAME Robert S. Allison ☐ Change ☒ Addition
STREET ADDRESS 96034 Sandy Point Circle
CITY-ST-ZIP Fernandina Beach, FL 32034

TITLE SD
NAME ALLISON, EDNA K ☒ Delete
STREET ADDRESS 2274 LAKE SHORE BLVD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE ST
NAME Carol Lynn Allison ☐ Change ☒ Addition
STREET ADDRESS 96034 Sandy Point Circle
CITY-ST-ZIP Fernandina Beach, FL 32034

TITLE DP
NAME ALLISON, RS ☒ Delete
STREET ADDRESS P O BOX 208
CITY-ST-ZIP FERNANDINA BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol Lynn Allison

2-18-04

904 261 7604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #