2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State
01-15-2003 90256 020 ***150.00

DOCUMENT # 324833

1. Entity Name
ALLISON PROPERTIES INC

Principal Place of Business	Mailing Address
2274 LAKE SHORE BLVD. JACKSONVILLE FL 32210	2274 LAKE SHORE BLVD. JACKSONVILLE FL 32210

J00002631

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
96034 Sandy Point Circle Suite, Apt. #, etc.	96034 Sandy Point Circle Suite, Apt. #, etc.
City & State: Fernandina Beach Fl	City & State: Fernandina Beach Fl
Zip: 32034 Country: Nassau	Zip: 32034 Country: Nassau

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. 2274 LAKE SHORE BLVD JACKSONVILLE FL 32210	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: Robert S. Allison POC — DATE: 1-10-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DC ALLISON,R D 2274 LAKE SHORE BLVD. JACKSONVILLE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALLISON,EDNA K 2274 LAKE SHORE BLVD. JACKSONVILLE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ALLISON, RS P O BOX 208 FERNANDINA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	POC Allison, Robert S. 96034 Sandy Point Circle Fernandina Bch Fl. 32034 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Carol Lynn Allison 96034 Sandy Point Circle Fernandina Bch. Fl. 32034 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 — 1-10-03 — 904 261 7604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #