

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90030 042 ***150.00

0119204

DOCUMENT # 536469

1. Corporation Name
CLYDE A. ALLEN, P.A.

Principal Place of Business
870 N. COCOA BLVD.
P.O. BOX 69
COCOA FL 32923

Mailing Address
870 N. COCOA BLVD.
P.O. BOX 69
COCOA FL 32923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/01/1977

4. FEI Number
59-1745234

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 1970 Michigan Ave.

Suite, Apt. #, etc.
22 Bldg. E

City & State
23 COCOA, FL.

Zip Country
24 32922 25 U.S.A.

2a. Mailing Address
26 P.O. Box 69

Suite, Apt. #, etc.

City & State
28 COCOA, FL.

Zip Country
29 32923 30 U.S.A.

9. Name and Address of Current Registered Agent

ALLEN, CLYDE A.
870 N. COCOA BLVD.
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name CLYDE A. ALLEN
82 Street Address (P.O. Box Number is Not Acceptable)
1970 MICHIGAN AVE. BLDG. E
83
84 City COCOA FL 85 Zip Code 32922

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALLEN, CLYDE A.	
STREET ADDRESS	870 N. COCOA BLVD.	
CITY-ST-ZIP	COCOA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ALLEN, NINA K.	
STREET ADDRESS	870 N. COCOA BLVD.	
CITY-ST-ZIP	COCOA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CLYDE A. ALLEN	
1.3 STREET ADDRESS	P.O. Box 69	
1.4 CITY-ST-ZIP	COCOA, FL. 32923	
2.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NINA K. ALLEN	
2.3 STREET ADDRESS	P.O. Box 69	
2.4 CITY-ST-ZIP	COCOA, FL. 32923	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nina K. Allen NINA K. ALLEN

2/3/99

632-4681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)