

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
1000 BANKERS BUILDING
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

DOCUMENT # 586923

(5)

5-10-95 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ALLEN H. GEORGE & ASSOCIATES, INC

Principal Office Address

Mailing Address

451 N.W. 55TH ST.
GAINESVILLE FL 32607

451 N.W. 55TH ST.
GAINESVILLE FL 32607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified		3a. Date of Last Report	
09/19/1978		02/14/1994	
4. FFI Number		Applied For Not Applicable	
59-1860345			
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
7. The corporation has liability for intangible tax under Chapter 218, Florida Statutes		☐ Yes ☐ No	
2. Principal Office Address	2a. Mailing Address	21	26
22	27	23	28
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEORGE, ALLEN
451 NW 55TH ST.
GAINESVILLE FL 32607

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) 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 607.05(5), Florida Statutes.

SIGNATURE

Signature of Registered Agent (If Registered Agent is not a corporation)

Signature of Registered Agent (If Registered Agent is a corporation)

12/1

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/ST	1.1 TITLE	☐ Change ☐ Addition
NAME	GEORGE, ALLEN H.	1.2 NAME	
STREET ADDRESS	451 N.W. 55TH ST.	1.3 STREET ADDRESS	
CITY, ST, ZIP	GAINESVILLE FL	1.4 CITY, ST, ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	GEORGE, JULIE L	2.2 NAME	
STREET ADDRESS	451 N.W. 55TH ST.	2.3 STREET ADDRESS	
CITY, ST, ZIP	GAINESVILLE FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.01(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and be made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to complete this report, as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-95 904.332-8088
Date Signature