## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT** # 1. Corporation Name

586923

(5)

ALLEN H. GEORGE & ASSOCIATES, INC

Principal Place of Business Mailing Address										
451 N.W. 55TI			451 N.W. 55TH ST. Gainesville fl 32607							
GAINESVILLE	FL 3260/	GAINESVILLE				3. Date Incorporated or Qualified 3a. Date of Last Report 09/19/1978 05/16/1995				
2. Principal Pla	ace of Business	2a. Mailing Ad	dress			4. FEI Number			Applied F	or
ท		26	26			<b>59-1860345</b> Not Applicable				
Suite, Apt #	t, etc	Suite, Apt	#, etc.			5. Certificate of Status Desired	П		Addition	
22		27	<del></del>						Required	
City & State	•	City & Stati	é			6. Election Campaign Financing	$\Box$		May B	
23 Zip	Country	28 Zip		Countr	W.	Trust Fund Contribution  8. This corporation has liability for it	otangible i			
	25	29	30	1	,	Florida Statutes	Yes	No	3 155.00	J. ,
24	9. Name and Address of Cure			·		10. Name and Address of New Re-	gistered A	gent		
GEORGE, ALLEN 451 NW 55TH ST. GAINESVILLE FL 32607					Name Street Add City	fress (P.O. Box Number is Not Acceptab	e) FL	<b>85</b> Zır	o Code	
office or re agent. Lar SIGNATURE	o the provisions of Sections 607 ( ogistered agent, or both, in the Stanfamiliar with, and accept the ob- signature typod or proceduran out regionage.	ate of Florida, Such cha digations of Section 60	ange was autho 17.0505. Florida	Statute	y the corporat s	ooration submits this statement for the pulion's board of directors. I hereby accept literatures are accept literatures are government of the pulicy accept literatures are government of the pulicy accept the pulicy acceptance accept the pulicy acceptance	CATE			
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND			
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NAME	GEORGE, ALLEN H			1.2 NAME						
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TITLE NAME		لــا		6 2 NAM					_	
STREET ADDRESS					EL ADDRESS					
STREET ADURESS CITY-ST-ZIP				64 CITY						
14. I do heres				shed and	does not qu	alify for the exemption stated in Section and accurate and that my signature sha ed to execute this report as required by t				

SIGNATURE: \_

MG SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 6-10-76 Capter Private

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