

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 # 696510 (7)

1. Corporation Name

ALLGOOD BOB & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

2515 COUNTRYSIDE BLVD  
SUITE E  
CLEARWATER FL 34623

2515 COUNTRYSIDE BLVD  
SUITE E  
CLEARWATER FL 34623

3. Date Incorporated or Qualified

07/29/1981

3a. Date of Last Report

08/11/1995

4. FEI Number

59-2105907

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLGOOD, BOBBY A  
2515 COUNTRYSIDE BLVD  
SUITE E  
CLEARWATER FL 34623

81 Name

KENNETH E. ALLGOOD

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

2515 COUNTRYSIDE BLVD SUITE E

83

84 City

CLEARWATER

FL

85 Zip Code

34623

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

*Kenneth E. Allgood*

(Print: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS ☒ DELETE  
NAME ALLGOOD, JOANNE P  
STREET ADDRESS 2515 COUNTRYSIDE BL, S-E  
CITY-ST-ZIP CLEARWATER FL

TITLE DP ☐ DELETE  
NAME ALLGOOD, BOBBY A  
STREET ADDRESS 2515 COUNTRYSIDE BL, S-E  
CITY-ST-ZIP CLEARWATER FL

TITLE DV ☐ DELETE  
NAME ALLGOOD, KENNETH  
STREET ADDRESS 3277 FOX CHASE CIR. N. #111  
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

VP ☒ Change ☐ Addition

PRES, SEC, TREAS ☒ Change ☐ Addition

☐ Change ☐ Addition

100001913891 ☐ Change ☐ Addition

-08/06/96--01108--019

\*\*\*225.00

*S. E. Allgood* ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

*Kenneth E. Allgood*

Kenneth E. Allgood

8-2-96

813-726-1440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Business Phone

CR2E034 (3/95)