

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 813139 (3)

1. Corporation Name

ALLSTATES DESIGN & DEVELOPMENT COMPANY

Principal Place of Business

Mailing Address

1210 NORTHBROOK DR., SUITE #150
TREVISO PA 19053

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TREVISO PA 19053

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

10/23/1958

3a. Date of Last Report

01/28/1994

4. FEI Number

21-0680481

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE S
NAME GARRICK, FREDERICK E.
STREET ADDRESS 2320 FOX GLEN CIRCLE
CITY-ST-ZIP BIRMINGHAM AL

TITLE PD
NAME NOVAK, REGIS
STREET ADDRESS 2093 E WELLINGTON RD
CITY-ST-ZIP NEWTOWN PA

TITLE TD
NAME SMITH, CLYDE M.
STREET ADDRESS 1589 FAIRWAY VIEW DR.
CITY-ST-ZIP BRIMINGHAM AL

TITLE VP
NAME SHELESKI, STANLEY J
STREET ADDRESS 116 TIMBER LANE
CITY-ST-ZIP LEVITTOWN PA

TITLE D
NAME KENNEDY, TED C.
STREET ADDRESS 4472 CLAIRMONT AVE.
CITY-ST-ZIP BIRMINGHAM AL

TITLE D
NAME GOODRICH, T. MICHAEL
STREET ADDRESS 3320 DELL RD.
CITY-ST-ZIP BIRMINGHAM AL

RETIRED
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☒ Change ☒ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

VP
ANDERSON, WILLIAM C.
624 PEVENER RD.
YARDLEY, PA. 19067

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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in character, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-95

Date

Signature Number