

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

FILED

Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 813139 (3)
1. Corporation Name
ALLSTATES DESIGN & DEVELOPMENT COMPANY



Principal Place of Business
1 NESHAMINY INTERPLEX
SUITE 301
TREVISO PA 19053
US

Mailing Address
1 NESHAMINY INTERPLEX
SUITE 301
TREVISO PA 19053-6831
US

3. Date Incorporated or Qualified
10/23/1958

3a. Date of Last Report
02/20/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number
21-0680481

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
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S GARRICK, FREDERICK E.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2320 FOX GLEN CIRCLE	1.2 NAME	
STREET ADDRESS	BIRMINGHAM AL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	PD NOVAK, REGIS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	162 DAWNS EDGE	2.2 NAME	
STREET ADDRESS	MONTGOMERY TX	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	TD SMITH, CLYDE M.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1589 FAIRWAY VIEW DR.	3.2 NAME	
STREET ADDRESS	BIRMINGHAM AL	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	VP ANDERSON, WILLIAM C.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	624 PEVSNER ROAD	4.2 NAME	
STREET ADDRESS	YARDLEY PA	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D KENNEDY, TED C.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4472 CLAIRMONT AVE.	5.2 NAME	
STREET ADDRESS	BIRMINGHAM AL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D GOODRICH, T. MICHAEL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3320 DELL RD.	6.2 NAME	
STREET ADDRESS	BIRMINGHAM AL	6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: William C. Anderson DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)