Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90021 040 ***150.00

PRADA?

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 825506

1. Corporation Name

ALLEN & O'HARA, INC.

								0:411
Principal Place	e of Business	Mailing Address				, , , , , , , , , , , , , , , , , , , ,	•	
530 OAK COURT DRIVE		530 OAK COURT DRIVE						
SUITE 300		SUITE 300				DO NOT WRITE IN TH	IIC COACE	
MEMPHIS TN 38117		MEMPHIS TENNESSEE 38117					IIO SPACE	
JS		US				3. Date Incorporated or Qualifed		į
						12/17/1970		lind For
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number		pplied For
1		26				62-0800790		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	·	Additional equired
		27						
City & State		City & State				6. Election Campaign Financing	•	May Be to Fees
23		28	C	4		Trust Fund Contribution		torees
Zip	Country	Zip	Coun	uy		8. This corporation owes the current year	Intangible ☐ Yes	□No
4		29 30				Personal Property Tax. 10. Name and Address of New Registere		
9. Name and Address of Current Registered Agent 81 Name					lame	10. Name and Address of New Acquisition	a rigoni	
CT CORPORATION SYSTEM								
	S. PINE ISLAND ROAD		Ī	82 5	treet Addre	ss (P.O. Box Number is Not Acceptable)		1
	NTATION FL 33324		\ <u>.</u>	-				
FLA	MIAHOR EL 33324			83				
			ļ.	84 (City	F	85 Zip	Code
		and COT 4500 Florida Statutos	the sh	0,40,0	amad carno	ration submits this statement for the nurnose	of changing it	s registered
office or r	registered agent, or both, in the State or im familiar with, and accept the obligation	f Florida. Such change was auti	nonzea	DV INC	corporation	n's board of directors. I hereby accept the app	pointment as r	egistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: R	egistered A	Apent sid	nature required	when reinstating) DATE		——
			13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
12. TITLE			1.1 TIT.	.E			☐ Change	
	WILLIAMSON, JOHN A.		1.2 NAX					
NAME	SOO DAY COURT CUITE 200			REET AD	nacee			\$
STREET ADDRESS								}
CITY-ST-ZIP			2.1 TITL	CITY-\$T-ZIP			☐ Change	Addition
TITLE	·						_ ·	_
NAME	BOWER, PAUL O		2.2 NAM					
STREET ADDRESS	9200 ROCKY CANNON RD			REETAD	1			
CITY-ST-ZIP			2.4 CI		IP		☐ Change	Addition
TITLE	PCD	DELETE	3.1 TITL	-E				
NAME	HAYS, HARRY'S		3.2 NA					- (
STREET ADDRESS	231 GARDENIA DR		3.3 STF	REETAD	ORESS			
CITY-ST-ZIP	MEMPHIS, TN 3		3.4. CIT	Y-\$T-Z	IP	######################################		- Addition
TITLE ·		☐ DELETE	4.1 TITL	LE			☐ Change	Addition
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STF	REETAD	DRESS			ľ
CITY-ST-ZIP		<u> </u>	4.4 CIT	Y-ST-Z	P			
TITLE		☐ DELETE	5.1 TITI	LE	T		☐ Change	Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 STF	REET AC	DRESS			
CITY-ST-ZIP	Į		5.4 CIT	Y-ST-Z	P			
TITLE		☐ DELETE	6.1 TITI	LE			☐ Change	Addition
NAME			6.2 NAJ	ME	.			

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

