FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

[illegible] 13 PM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **848096** **(4)**

1. Corporation Name
ALLISON & DUNCAN, INC.

Principal Place of Business
885 LAKESHORE DR.
P.O. BOX 120460
CLERMONT FL 34712
US

Mailing Address
P.O.BOX 120460
P.O. BOX 120460
CLERMONT FL 34712-460
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1981
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21
Suite Apt. #
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite Apt. #
27
City & State
28
Zip 29 Country 30

4. FEI Number: 56-0681639 — 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. The corporation has elected, for purposes of taxation under Chapter 220, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ALLISON, R E
885 LAKESHORE DR
CLERMONT, FLORIDA
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City FL 85 Zip Code

11. [illegible]

12. Officers and Directors

TITLE	PD
NAME	ALLISON, R. E., SR.
Street Address	885 LAKESHORE DR.
City State Zip	CLERMONT, FLORIDA 00000
TITLE	VD
NAME	ALLISON, JUANITA L.
Street Address	885 LAKESHORE DR.
City State Zip	CLERMONT, FLORIDA 00000
TITLE	SD
NAME	ALLISON, SAM L.
Street Address	12945 PINEAPPLE PLACE
City State Zip	CLERMONT, FLORIDA 00000
TITLE	TD
NAME	ALLISON, ROBERT E., JR.
Street Address	930 WEST AVE.
City State Zip	CLERMONT FL
TITLE	
NAME	
Street Address	
City State Zip	
TITLE	
NAME	
Street Address	
City State Zip	

13. Additional Officers and Directors

TITLE	☐ Change ☐ Add
NAME	
Street Address	
City State Zip	
TITLE	☐ Change ☐ Add
NAME	
Street Address	
City State Zip	
TITLE	☐ Change ☐ Add
NAME	
Street Address	
City State Zip	
TITLE	☐ Change ☐ Add
NAME	
Street Address	
City State Zip	
TITLE	☐ Change ☐ Add
NAME	
Street Address	
City State Zip	
TITLE	☐ Change ☐ Add
NAME	
Street Address	
City State Zip	

14. [illegible]

SIGNATURE: R. E. Allison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0376228 CP