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Mar 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 848096 (4)

1. Corporation Name  
ALLISON & DUNCAN, INC.

Principal Place of Business 885 LAKESHORE DR. P.O. BOX 120480 CLERMONT FL 34712 US	Mailing Address P.O. BOX 120480 P.O. BOX 120480 CLERMONT FL 34712-480 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/29/1981

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 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. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME ALLISON, R. E., SR.  
STREET ADDRESS 885 LAKESHORE DR.  
CITY-ST-ZIP CLERMONT, FLORIDA 00000

TITLE VD  
NAME ALLISON, JUANITA L.  
STREET ADDRESS 885 LAKESHORE DR.  
CITY-ST-ZIP CLERMONT, FLORIDA 00000

TITLE SD  
NAME ALLISON, SAM L.  
STREET ADDRESS 12945 PINEAPPLE PLACE  
CITY-ST-ZIP CLERMONT, FLORIDA 00000

TITLE TD  
NAME ALLISON, ROBERT E., JR.  
STREET ADDRESS 930 WEST AVE.  
CITY-ST-ZIP CLERMONT FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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, on an attachment with an address.

SIGNATURE Sam L. Allison 3/28/98 (352) 294-2544

CR2E034 (10/97)