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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9400003469 (3)

ALLEN INSTALLATION, INC.

tiam an officer or director of the cod

appears in Block 12 or Block 13 if

SIGNATURE:

oration or

Principal Place of Business Mailing Address 6434 BURNT POPLAR ROAD 6434 BURNT POPLAR ROAD GREENSBORO NC 27409-9712 GREENSBORO NC 27409 3a. Date of Last Report 3. Date Incorporated or Qualified 07/01/1994 02/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 56-1870040 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign<sup>3</sup> Financing \$5.00 May Be Trust Fund Contribi ition 23 28 Added to Fees Žip Country Ζıp Country 8. This common oration has liability for intangible tax under s. 199.032, Yes / No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name 🛦 d Address of New Registered Agent 61 Name ALLEN, DAVID W 11351 49TH STREET, NORTH **B2** Street Address (P.O. Box Number (Not Acceptable) **CLEARWATER FL 34622** 83 84 City Zip Code 85 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 off-oe 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. SIGNATUR (NOTE: Registered Agent signature required when reinstating) Signature, typind or printed name of registered agent and too if applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 96/6) DELETE Change Addition 1006 PD 1.1 TITLE ALLEN, THOMAS L 1.2 NAME NAME 6434 BURNT POPLAR ROAD 1.3 STREET ADDRESS STREET ADDRESS **GREENSBORO NC 27409** 1.4 CITY - ST - ZIP COY-ST ZIP DELETE Change Addition VD. 2.1 TITLE TITLE ALLEN, DAVID W 22 NAME NAME 6434 BURNT POPLAR ROAD 2.3 STREET ADDRESS STREET ADDRESS **GREENSBORO NC 27409** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE VSD ALLEN, JAMES C 3.2 NAME NAME 6434 BURNT POPLAR ROAD 3.3 STREET ADDRESS STREET ADORESS GREENSBORO NC 27409 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition DITE VAST 4.1 TITLE NAME ALLEN, JOHN H 4. 2 NAME 6434 BURNT POPLAR ROAD 4.3 STREET ADDRESS STREET ADORESS **GREENSBORO NC 27409** 4.4 CITY - ST - ZIP CITY-\$1-20 Change \_\_\_ DELETE Addition 51 TITLE THE 5.2 NAME NAMÉ 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIF DELETE Change \_\_\_ Addition 61 TITLE THLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-78 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 14. I do hereby certify that the information

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 location or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

**FILED** 

Mar 06 1997 8:00am

Secretary of State