2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000001506

1. Entity Name
ALLSTATES TECHNICAL SERVICES, INC.

Principal Place of Business	Mailing Address
2000 INTERNATIONAL PARK BIRMINGHAM, AL 35243	2000 INTERNATIONAL PARK DR. BIRMINGHAM, AL 35243

03302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-0993158
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000503776
04/26/06-80047-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	CASSADY, G.E.
STREET ADDRESS	902 LINWOOD RD.
CITY-ST-ZIP	BIRMINGHAM, AL 35222
TITLE	T
NAME	JOEHL, DOUG M
STREET ADDRESS	108 MONTEVALLO LANE
CITY-ST-ZIP	BIRMINGHAM, AL 35213
TITLE	P
NAME	HOPKEY, ANDREA
STREET ADDRESS	2000 INERNATIONAL PARK DR.
CITY-ST-ZIP	BIRMINGHAM, AL 35243
TITLE	VP
NAME	SOWELL, MIKE
STREET ADDRESS	2000 INTERNATIONAL PARK DR
CITY-ST-ZIP	BIRMINGHAM, AL 35243
TITLE	VP
NAME	SANBORN, JOHN
STREET ADDRESS	2000 INTERNATIONAL PARK DR
CITY-ST-ZIP	BIRMINGHAM, AL 35243
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Douglas M Joehl TRSR. 04/10/06 (205) 972-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #