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
'95 MAR -3 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G30885 (9)

1. Corporation Name
ALLSTATE SYRUP OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
4 SE CLEARWAY 7437 SW 93RD STREET ROAD OCALA FL 34472 US	4 SE CLEARWAY 7437 SW 93RD STREET ROAD OCALA FL 34472 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/29/1983
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business: 21 1555 NE 32nd Ave
Suite, Apt. #, etc.: 22
City & State: 23 Ocala, Fl
Zip: 24 34470 Country: 25 Marion

2a. Mailing Address: 26 Po Box 2050
Suite, Apt. #, etc.: 27
City & State: 28 Ocala, FL
Zip: 29 34478 Country: 30 Marion

4. FEI Number: 59-2277661 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PALMIOTTI, ANTHONY
7437 SW 93RD STREET ROAD
OCALA FL 34476

10. Name and Address of New Registered Agent

81 Name: L. Reid Jackson III
82 Street Address (P.O. Box Number is Not Acceptable)
83 2230 S.E. 13th St.
84 City: Ocala FL 85 Zip Code: 34471

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 L. Reid Jackson, III Pres. [signature] Feb 25, 1995

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SPT	1 1 TITLE	PRES. ☒ Change ☐ Addition
NAME	WEYMERS, KIMBERLY	1 2 NAME	L. REID JACKSON
STREET ADDRESS	4 SE CLEARWAY	1 3 STREET ADDRESS	2230 S.E. 13th St.
CITY-ST-ZIP	OCALA FL	1 4 CITY-ST-ZIP	Ocala, Fl 34471
TITLE	VP	2 1 TITLE	Secretary ☒ Change ☐ Addition
NAME	WEYMERS, JONATHAN	2 2 NAME	L. REID JACKSON III
STREET ADDRESS	4 SE CLEARWAY	2 3 STREET ADDRESS	2230 SE 13th ST
CITY-ST-ZIP	OCALA FL	2 4 CITY-ST-ZIP	Ocala, FL 34471
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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, or on an attachment with an address.

SIGNATURE: [signature] Feb 25, 1995 904-368-7621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
L. Reid Jackson III

0353364 CP