

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G30885 (9)

1. Corporation Name

ALLSTATE SYRUP OF CENTRAL FLORIDA, INC.



Principal Place of Business

1551 NE 32ND AVE. No. 3
1551 NE 32ND AVE
OCALA FL 34470
US

Mailing Address

P.O. BOX 2050
7407 SW 63RD STREET ROAD
OCALA FL 34478 34478
US
DELETE STREET

2. Principal Place of Business

2a. Mailing Address

21 1551 NE 32ND AVE No. 3

26 P.O. Box 2050

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State
23 Ocala - FL

City & State
28 Ocala FL

24

Zip
34470

Country
USA

Zip
34478

Country
USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/29/1983

3a. Date of Last Report
03/03/1995

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

10. Name and Address of New Registered Agent

JACKSON, L. REID I
2230 SE 13TH STREET
OCALA FL 34471

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(Print Name of Registered Agent Signature Required When Retiring)

DATE

S-19-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME JACKSON, L. REID I
STREET ADDRESS 2230 SE 13TH STREET
CITY-ST-ZIP Ocala FL

TITLE ☐ DELETE

NAME JACKSON, L. REID II
STREET ADDRESS 2230 SE 13TH STREET
CITY-ST-ZIP Ocala FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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)(k), 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 or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S-19-96

DATE

DATE

CR2E034 (12/95)