

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 SEP 16 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **G30885** (9)
1. Corporation Name
ALLSTATE SYRUP OF CENTRAL FLORIDA, INC.

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|---|--|
| Principal Place of Business 1551 NE 32ND AVE. NO. 3 OCALA FL 34470 US | Mailing Address P.O. BOX 2050 7437 SW 83RD STREET ROAD OCALA FL 34470 US |
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DO NOT WRITE IN THIS SPACE

| | | |
|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 | 2b. Mailing Address 2230 SE 13th St OCALA, FL 34471-2647 |
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|---|--|
| 3. Date Incorporated or Qualified 03/29/1983 | 3a. Date of Last Report 06/05/1996 |
| 4. FEI Number 59-2277661 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent JACKSON, L. REID I 2230 SE 13TH STREET OCALA FL 34471-2647 | |
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| | |
|--|-----------|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | P JACKSON, L. REID I | 1.2 NAME | 2000002297842--1 |
| STREET ADDRESS | 2230 SE 13TH STREET | 1.3 STREET ADDRESS | -09/19/97--01050--016 |
| CITY-ST-ZIP | OCALA FL | 1.4 CITY-ST-ZIP | ****165.00 ****165.00 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | S JACKSON, L. REID | 2.2 NAME | |
| STREET ADDRESS | 2230 SE 13TH STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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, or on an attachment with an address.

SIGNATURE _____ DATE _____

CR2E034 (4/97)

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Division of Corporations
Annual Reports Section

Dear Sir

I'm sending in the \$165 new filing fee and I respectfully ask that you waive this late fee of \$550. Let me plead my case. My company is struggling and when I got the first notice I put it aside because I didn't have the extra money at the time. Paying the back rent was more important. I thought the fee was \$225. Then when I got the second notice I saw where the fee jumped to \$550. That's when I opened the first notice and saw Ms Morthams smiling face and her comment something like "look what I've done for you". I think that is great. I just wish you would have sent me a postcard telling me the fee was lowered. I made the mistake of just putting it aside and didn't realize the fee was lowered. Another plea that is beside the point is this: I filed suit against Cox Cable on behalf of my cable TV corporation in 1990. They put me out of business and it took six years to go to trial. I lost the trial in 1995 and lost the appeal in Dec 1996. I had to keep this out of business corporation alive for six years for nothing. I've paid my fair share of Corporation fees. Will you waive this time for me? I'll be on time next year. Thanks