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 APR 18 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G65554** **(9)**

1. Corporation Name

BOB ALLEN ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1825 S.E.ELKHART TERRACE P.O. BOX 7055 PORT ST. LUCIE FL 34985-4055	1825 S.E.ELKHART TERRACE P.O. BOX 7055 PORT ST. LUCIE FL 34985-4055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/18/1983**	3a. Date of Last Report: **05/01/1994**
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)
4. FEI Number: **59-2338127** ☐ 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	10. Name and Address of New Registered Agent
WILSON, KENNETH A. **1825 SE ELKHART TER.** **1843 SE BURGANDY LN.** **PORT ST. LUCIE FL 34952**	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 _____ DATE
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPTV	11 TITLE	☐ Change ☐ Addition
NAME	WILSON, ROBERT	12 NAME	
STREET ADDRESS	1825 SE ELKHART TR	13 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WILSON, KENNETH A	22 NAME	
STREET ADDRESS	1825 SE ELKHART TR	23 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BARRINGER, CHARLES A	32 NAME	
STREET ADDRESS	1957 SE DRANSON CIR	33 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	BAKER, JOANNE CARYL	42 NAME	
STREET ADDRESS	689 SE STRAIT AVE	43 STREET ADDRESS	← DELETE
CITY-ST-ZIP	PT ST LUCIE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	SHEPHERD, JOE	52 NAME	
STREET ADDRESS	864 COLLEGE PKWY #202	53 STREET ADDRESS	← DELETE
CITY-ST-ZIP	ROCKVILLE MD	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: _____ ROBERT WILSON 4/12/95 407 335-0009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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