FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
May 07 1998 8:00am
Secretary of State

DOCUMENT # H51513   (0)

1. Corporation Name

THE J. D. ALLEN GROUP, INC.

|||||||||||| barcode ||||||||||||

Principal Place of Business	Mailing Address
% J.D. ALLEN 2965 W ST RD 434 100 LONGWOOD FL 32779	% J.D. ALLEN 2965 W ST RD 434 100 LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/10/1985

2. Principal Place of Business		2a. Mailing Address		4. FEI Number			Applied For
21		26		**59-2520610**			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☒		**$8.75** Additional Fee Required	
22		27					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐		**$5.00** May Be Added to Fees	
23		28					
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No			
24	25	29	30				

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent

ALLEN, J.D. 2965 W ST RD 434 100 LONGWOOD FL 32779	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 _____

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

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**D**	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	**ALLEN, J.D.**		1.2 NAME			
STREET ADDRESS	**2965 W ST RD 434 100**		1.3 STREET ADDRESS			
CITY-ST-ZIP	**LONGWOOD FL**		1.4 CITY-ST-ZIP			
TITLE	**V**	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	**ALLEN, LINDA**		2.2 NAME			
STREET ADDRESS	**2965 W ST RD 434 100**		2.3 STREET ADDRESS			
CITY-ST-ZIP	**LONGWOOD FL**		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

CR2E034 (10/97)

14. I 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: _Linda Allen_   Linda Allen   1/6/98   407-788-8822