FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # H77579 **(1)**

1. Corporation Name
K. E. ALLEN, INC.

Principal Place of Business
% C.B. MYERS
130 E. CENTRAL AVE.
LAKE WALES FL 33853-4166

Mailing Address
% C.B. MYERS
130 E. CENTRAL AVE.
LAKE WALES FL 33853-4166

3. Date Incorporated or Qualified: 09/23/1985
3a. Date of Last Report: 05/11/1995
4. FEI Number: 59-2596236 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

MYERS, C.B.
130 E. CENTRAL AVE.
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: DP ☐ DELETE NAME: ALLEN, KENNETH E. STREET ADDRESS: 500 W. COLEMAN DR. CITY-ST-ZIP: WINTER HAVEN FL		☑ Change ☐ Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS: 4012 Cypress Landing 1.4 CITY-ST-ZIP: Winter Haven, Fl 33884
TITLE: VD ☐ DELETE NAME: ALLEN, KENNETH E. JR. STREET ADDRESS: 3447 REDWOOD WAY CITY-ST-ZIP: LAKE WALES FL		☐ Change ☐ Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE: VD ☐ DELETE NAME: HARTSFIELD, CINDY A. STREET ADDRESS: 3635 BLACK JACK CT. CITY-ST-ZIP: LAKE WALES FL		☑ Change ☐ Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS: 2410 Fox Run Drive 3.4 CITY-ST-ZIP: Lake Wales, Fl 33853
TITLE: STD ☐ DELETE NAME: ALLEN, MARGARET F. STREET ADDRESS: 500 W COLEMAN DR. CITY-ST-ZIP: LAKES WALE FL		☑ Change ☐ Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS: 4012 Cypress Landing 4.4 CITY-ST-ZIP: Winter Haven, Fl 33884
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition 6.1 TITLE 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: K E Allen Sr. K.E. Allen Sr. 4-24-96 941-676-8307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)