

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.)

FILED
Aug 12 1997 8:00am
Secretary of State

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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 # **H98982** (2)

1. Corporation Name
ALLAN & ASSOCIATES, INC.

Principal Place of Business
**480 GULF SHORE DRIVE
DESTIN FL 32541**

Mailing Address
**480 GULF SHORE DRIVE
DESTIN FL 32541**



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|--|-------------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/31/1986 | | 3a. Date of Last Report 01/23/1996 | |
| 21. Suite, Apt. #, etc. | | 26. Suite, Apt. #, etc. | | 4. FEI Number 59-2889908 | | Applied For <input type="checkbox"/> Not Applicable | |
| 22. City & State | | 27. City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23. Zip | | 28. Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24. Country | | 29. Country | | 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 | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent ALLAN, MERLIN A 480 GULF SHORE DRIVE DESTIN FL 32541 | | | | 10. Name and Address of New Registered Agent | | | |
| 81. Name Merlin Allan | | | | 82. Street Address (P.O. Box Number is Not Acceptable) 685 Shafter Cove Dr | | | |
| 83. City Santa Rosa Beach | | | | 84. Zip Code FL 32457 | | | |

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 607.0503, Florida Statutes.

SIGNATURE **Merlin Allan** **Therese O'Brien** **8/2/97**
Signature, typed or printed name of registered agent and title if applicable. (None: Registered Agent signature required when reinstating) DAY

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| <input type="checkbox"/> DELETE | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 1.1 TITLE | | | | 1.1 NAME President | | | |
| 1.2 NAME ALLAN, MERLIN A | | | | 1.2 STREET ADDRESS 685 Shafter Cove Drive | | | |
| 1.3 STREET ADDRESS 480 GULF SHORE DR | | | | 1.4 CITY-ST-ZIP Santa Rosa Beach, FL 32457 | | | |
| 1.4 CITY-ST-ZIP DESTIN FL | | | | | | | |
| 2.1 TITLE | | | | 2.1 NAME | | | |
| 2.2 NAME | | | | 2.2 STREET ADDRESS | | | |
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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 in an attachment with an address.

SIGNATURE: **Therese O'Brien** **Merlin Allan** **8/2/97** **(850) 261-6448**

CP2E034 (4/97)