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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J10922

1. Corporation Name

ALLEN MOTORS, INC.

ATLANTIC BLVD  7308 ATLANTIC BLVD  JACKSONVILLE FL 32211-8711  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  04/24/1986  Principal Place of Business  Za. Mailing Address  Za. Mailing Address  A. FEI Number  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  B. This corporation owes the current year Intangible  Personal Property Tax.  Personal Property Tax.  Personal Property Tax.  Personal Property Tax.  Zip  Zip Code  Xireet Address (P.O. Box Number is Not Acceptable)  Signeture. I perpovisions 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. Perpovisions of or printed name of registered agent and little if applicable.  (NOTE: Registered Agent signature required when rementating)  DATE											
DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  04/24/1986  2 Principal Place of Business 2a. Mailing Address 26  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Zip  Country  Since of Business  Since of Status Desired  Fee Required  Fee Required  Fee Required  Fees Required  Solute, Apt. #, etc.  Since of Status Desired  Fee Required  Fees Required  Since of Country Tax  Personal Property Tax  Since of New Registered Agent  Name  RELLY, TIMOTHY P  121 W. FORSYTH STREET  SUITE #900  JACKSONVILLE FL 32202  Bat  City  Signature. Speed or printed frame of registered agent and like if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  04/24/1986  4. FEI Number  Signature in This SPACE  3. Date Incorporated or Qualified  O4/24/1986  A FEI Number  Fee Required  Fee Required  For Registered of Status Desired  Fee Required  Fee Requir	Principal Place	of Business	Mailing Address			)					
Principal Place of Business  2a. Malling Address 2b. Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Added to Fees  Added to Fees  Added to Fees  Not Applicable  Fee Required  \$5.00 May Be  Added to Fees  Added to Fees  Added to Fees  Added to Fees  Not Applicable  Fee Required  \$5.00 May Be  Added to Fees  Added to Fees  Added to Fees  Added to Fees  Street Address of New Registered Agent  10. Name and Address of New Registered Agent  RELLY, TIMOTHY P  121 W. FORSYTH STREET  SUITE #900  JACKSONVILLE FL 32202  Address (P.O. Box Number is Not Acceptable)  13			· · · · · · · · · · · · · · · · · · ·								
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Suite, Apt. #, etc.    Suite, Apt. #, etc.	Principal Pla	ace of Business	2a. Mailing Addre	2a. Mailing Address			4.			Applied For	
Suite, Apt. #, etc.    Suite, Apt. #, etc.	1		26	26				59-2754927		Not Applicable	
City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Signature, typed or printed name of registered agent and little if applicable.  City & State  City & State  6. Election Campaign Financing  Trust Fund Contribution  Added to Fees  Added to Fees  Trust Fund Contribution  8. This corporation owes the current year Intangible Personal Property Tax.  Personal Property Tax.  No Name and Address of New Registered Agent  Signature, typed or printed name of registered agent and little if applicable.  (NOTE: Registered Agent signature required when reinstalling)  DATE	Suite, Apt. #, etc.						5.	<del>_</del>	* *** · · · · · · · · · · · · · · · · ·		
Zip Country Zip Country 3	City & State		City & State	City & State			6.	, ,			
9. Name and Address of Current Registered Agent  KELLY, TIMOTHY P  121 W. FORSYTH STREET  SUITE #900  JACKSONVILLE FL 32202  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 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, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	Zip I		·		intry		8.	•		_	
KELLY, TIMOTHY P  121 W. FORSYTH STREET  SUITE #900  JACKSONVILLE FL 32202  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, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	•		rrent Registered Agent		[		10.	Name and Address of New Register	ed Agent	<u> </u>	
SUITE #900  JACKSONVILLE FL 32202  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, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	KELL	Y, TIMOTHY P			L						
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	office or re	edistered agent, or both, in the Si	tate of Florida. Such chang	ge was authorized	d by	the corporatio	oratio	on submits this statement for the purpose oard of directors. I hereby accept the ap	of chang pointmen	ing its registered t as registered	
Signature, typed or printed rame or registered agent and the in applicable.				(NOTE: Beautier	l Auc	t a section rec	d who=	coinstaling) DATE			
	:=	· · · · · · · · · · · · · · · · · · ·		(NOTE: Registered	Ager	r siAusinia iadnies		Tollination 197		RECTORS IN 12	

Change Addition ☐ DELETE 1.1 TITLE ALLEN, EDWARD J. 1.2 NAME ·:: LADORESS 7308 ATLANTIC BLVD. 1.3 STREET ADDRESS JACKSONVILLE FL 32211 1.4 CITY-ST-ZIP ST ZIP ☐ Change ☐ Addition DELETE 2.1 TITLE 22 NAME ALLEN, IRA N. 7308 ATLANTIC BLVD. 2.3 STREET ADDRESS ··· : 1 ACKER ! JACKSONVILLE FL 32211 ST ZIP 2. 4 CITY-ST-ZIP Addition □ DELETE ☐ Change 3.1 TITLE ST 3.2 NAME ALLEN, WEND! 12854 LACOSTA CT 3.3 STREET ADDRESS " LAGRAGIA JACKSONVILLE FL 32225 3.4. CITY-ST-ZIP ST-ZIP ☐ Change Addition ☐ DELETE 4.1 TITLE ALLEN, MARK 4. 2 NAME 12854 LACOSTA CT 4.3 STREET ADDRESS LAINNE ! JACKSONVILLE FL 32225 4.4 CITY-ST-ZIP ST-ZIP ☐ Change □ Addition □ DELETE 5.1 TITLE 5.2 NAME EASTON, GWENDOL O 5.3 STREET ADDRESS 720 2ND ST LAINERS en and 5.4 CITY-ST-ZIP **NEPTUNE BCH FL 32266** ST-ZIP 6.1 TITLE Change ☐ Addition ☐ DELETE 6.2 NAME 6.3 STREET ADDRESS ···\_\_I ADLALSS

6.4 CITY-ST-ZIP ndoes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information approximate and that my signature shall have the same legal effect as if made under oath; that I am an I hereby certify that the information supplied with the indicated on this annual report overgreemental and officer or director of the concording the receiver Block 12 or Block 13 if changed or only a graching xecute this report as required by Chapter 607, Florida Statutes; and that my name appears in

HGNATURE:

**FILED** 

May 07, 1999 8:00 am Secretary of State

05-07-1999 90131 013 \*\*\*150.00