

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J45900

(4)

1. Corporation Name

ALLEN MACHINE CO.



Principal Place of Business

% PATRICIA ALLEN
1520 RINGLING BLVD.
SARASOTA FL 34236

Mailing Address

% PATRICIA ALLEN
1520 RINGLING BLVD.
SARASOTA FL 34236

2. Principal Place of Business

21 1515 Ringling Blvd.

Suite, Apt. #, etc.

22 #880

City & State

23 Sarasota, Florida

Zip

24 34236

Country

25 USA

2a. Mailing Address

26 1515 Ringling Blvd.

Suite, Apt. #, etc.

27 #880

City & State

28 Sarasota, Florida

Zip

29 34230

Country

30 USA

3. Date Incorporated or Qualified

12/08/1986

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2009153

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

ALLEN, PATRICIA
1520 RINGLING BLVD.
SARASOTA FL 33577

10. Name and Address of New Registered Agent

81 Name

Same

82 Street Address (P.O. Box Number is Not Acceptable)

1515 Ringling Blvd., #880

83

84 City

Sarasota

FL

85 Zip Code
34236

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

TITLE DP
NAME ALLEN, HARRY J.
STREET ADDRESS 1520 RINGLING BLVD.
CITY-ST-ZIP SARASOTA FL
☐ DELETE

TITLE SD
NAME ALLEN, PATRICIA M
STREET ADDRESS 1388 HARBOR DRIVE
CITY-ST-ZIP SARASOTA FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/96

Date

941 - 955-1414

Daytime Phone #

CR2E034 (12/95)