

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4: 31

DOCUMENT # **J76071** (6)

1. Corporation Name
ALLSTATE BUSINESS SERVICES, INC.

Principal Place of Business
**2405 WEST CERVANTES STREET
PENSACOLA FL 32505**

Mailing Address
**2405 WEST CERVANTES STREET
PENSACOLA FL 32505**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/04/1987** 3a. Date of Last Report **03/21/1994**

2. Principal Place of Business
21 **4499 TWIN OAKS DR** 2a. Mailing Address
26 **4499 TWIN OAKS DR**
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **59-2850072** Applied For
Not Applicable

22 City & State **PENSACOLA FL** 27 City & State **PENSACOLA FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip **32506** Country 28 Zip **32506** Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **32506** 25 Country 29 **32506** 30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, FRED S.
918 NORTH 49TH AVENUE
PENSACOLA FL 32508**

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 607.1500, 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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **JOHNSON, FRED S.**
STREET ADDRESS **918 N 49TH AVE**
CITY- ST- ZIP **PENSACOLA FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE **DST**
NAME **HUGHES, TIMOTHY P.**
STREET ADDRESS **5688 WHISPERING WOODS DRIVE**
CITY- ST- ZIP **PACE FL**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE Change Addition
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 110.07(3)(b), 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: **FRED S. JOHNSON** *Fred S. Johnson*
SIGNATURE AND TYPED OR PRINTED NAME OF DESIGNATED OFFICER OF CORPORATION

3-27-95 **9044554600**
DATE (Register Name)