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 # **L68151** **(4)**

1. Corporation Name

WAYNE ALLEN BUILDING CONTRACTOR, INC.

Principal Place of Business
6335 SPOONBILL DR
~~6421 DRAKE CT. SEA FOREST~~
NEW PORT RICHEY FL 34652-9024
US

Mailing Address
6335 SPOONBILL DR
~~6421 DRAKE CT.~~ SEA FOREST
NEW PORT RICHEY FL 34652-9024
US

3. Date Incorporated or Qualified: **04/24/1990**

3a. Date of Last Report: **04/07/1995**

2. Principal Place of Business
21: 6335 SPOONBILL DRIVE
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: 34652 Country 25:

2a. Mailing Address
26: 6335 SPOONBILL DRIVE
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: 34652 Country 30:

4. FEI Number: 59-3016418 ☐ Applied For ☐ Not Applicable

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

ALLEN, SUSAN J.
6421 DRAKE CT, SEA FOREST
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 6335 SPOONBILL DRIVE
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	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ALLEN, WAYNE		1.2 NAME		
STREET ADDRESS	6421 DRAKE COURT		1.3 STREET ADDRESS	6335 SPOONBILL DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	ALLEN, SUSAN J.		2.2 NAME		
STREET ADDRESS	6421 DRAKE COURT		2.3 STREET ADDRESS	6335 SPOONBILL DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 added to the attachment with an address.

SIGNATURE: _____ 4/4/96 813842-61a

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Secretary of State's Document #