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FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L76766 (9)
1. Corporation Name
ALLEN PROPERTY MANAGEMENT SERVICES, INC.



Principal Place of Business

Mailing Address

1021 LAKE COMO DRIVE
LUTZ FL 33549
US

P.O. BOX 274210
TAMPA FL 33688
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified

05/31/1990

4. FEI Number

59-3025676

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEN, DAN
120 W LUTZ LAKE FERN ROAD WEST
TAMPA FL 33618

81 Name Dan Allen
82 Street Address (P.O. Box Number is Not Acceptable)
1021 Lake Como Drive
83
84 City Lutz FL 85 Zip Code 33549

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

SUSAN BATES-ALLEN

1/26/98

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	1.1 TITLE	Dan Allen, President
NAME	ALLEN, DAN	1.2 NAME	
STREET ADDRESS	120 LUTZ LAKE FERN ROAD WEST	1.3 STREET ADDRESS	1021 Lake Como Drive
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	Lutz FL 33549
TITLE	VP	2.1 TITLE	VP
NAME	BATES-ALLEN, SUSAN	2.2 NAME	Susan Bates-Allen
STREET ADDRESS	120 W LUTZ LAKE FERN RD	2.3 STREET ADDRESS	1021 Lake Como Drive
CITY-ST-ZIP	LUTZ FL 33549	2.4 CITY-ST-ZIP	Lutz FL 33549
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address.

SIGNATURE

SUSAN BATES-ALLEN 8139480909

CR2E034 (10/97)