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 # **M94129** **(7)**

1. Corporation Name

ALLISON ENTERPRISES, INC.

Principal Place of Business

NATIONAL GARDENS AMOCO
1535 N. U.S. 1
ORMOND BEACH FL 32174
US

Mailing Address

% CRAIG ALLISON THORNTON
1535 N. U.S. 1
ORMOND BEACH FL 32174

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

2a. Mailing Address
26 1133 GEORGE ANDERSON ST
Suite, Apt. #, etc.
27
City & State
28 ORMOND BCH FL
Zip 29 32174 Country 30 VOLUSIA

3. Date Incorporated or Qualified: **08/05/1988**

3a. Date of Last Report: **01/31/1995**

4. FEI Number: **59-2906066** ☐ 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

THORNTON, CRAIG ALLISON
1535 N. U.S. 1
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable)
83 1133 GEORGE ANDERSON ST.
84 City ORMOND BEACH FL 85 Zip Code 32174

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	VP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GENTRY, CATHY		1.2 NAME	
STREET ADDRESS	1119 BENTON ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	OMOND BCH. FL		1.4 CITY-ST-ZIP	
TITLE	S	☒ DELETE 6-94	2.1 TITLE	☐ Change ☐ Addition
NAME	BARNES, THERESA		2.2 NAME	
STREET ADDRESS	620 DAYTONA AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL		2.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	THORNTON, CRAIG		3.2 NAME	
STREET ADDRESS	1535 N US 1		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL		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	

14. I (we) 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 or attached with an address.

SIGNATURE: _____ CRAIG A THORNTON 1-16-96 9046777694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)