

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

CORPORATION
ANNUAL REPORT
1995



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

FILED FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 3:44

DOCUMENT # **P26929** (0)
1. Corporation Name
ALLIED ENERGY CORPORATION

Principal Place of Business Mailing Address
2511 28TH ST. S.W. BIRMINGHAM AL 35211

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/15/1989** 3a. Date of Last Report **04/25/1994**

4. FEI Number **63-0945745** 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

2. Principal Place of Business Mailing Address
21 **2700 Ishkooda-Wenarah Rd** 22 **2700 Ishkooda-Wenarah**
Suite, Apt. #, etc. Suite, Apt. #, etc.
23 **Birmingham AL** 27 **Birmingham AL**
City & State City & State
24 **35211-5705** 25 Country 28 **35211-5705** 30 Country
Zip Zip

9. Name and Address of Current Registered Agent

**COLEMAN, ROBERT A.
3104 THOMAS DR.
PANAMA CITY BEACH FL 32407**

10. Name and Address of New Registered Agent

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 607.1508, 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 fee application

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PITTS, JACK R
STREET ADDRESS	180 HUNTER LOOP RD
CITY - ST - ZIP	MONTGOMERY AL
TITLE	VD
NAME	RICE, G.B.
STREET ADDRESS	2511 28TH ST. SW
CITY - ST - ZIP	BIRMINGHAM AL
TITLE	VD
NAME	PITTS, JACK W.
STREET ADDRESS	180 HUNTER LOOP RD
CITY - ST - ZIP	MONTGOMERY AL
TITLE	SD
NAME	RICE, W.C.
STREET ADDRESS	2511 28TH ST. SW
CITY - ST - ZIP	BIRMINGHAM AL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(j), 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 the attachment with an address.

SIGNATURE:

G.B. Rice **G.B. Rice**

1-17-95 (205) 925-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Filing Fee