

FILED
Sep 13, 1999 8:00 am
Secretary of State

09-13-1999 90006 025 ***550.00

39.

MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P26929
 Corporation Name
ALLIED ENERGY CORPORATION

619/78 - 90017 - 12



Principal Place of Business 10 ISHKOODRA-WENONAH RD BIRMINGHAM AL 35211	Mailing Address 2700 ISHKOADA-WENONAH BIRMINGHAM AL 35211 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/15/1989	4. FEI Number 63-0945745	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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.

NATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ET ADDRESS ST-ZIP	PD PITTS, JACK R 180 HUNTER LOOP RD MONTGOMERY AL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP	VD RICE, G.B. 2511 28TH ST. SW BIRMINGHAM AL	1.2 NAME	
ET ADDRESS ST-ZIP	VD PITTS, JACK W. 180 HUNTER LOOP RD MONTGOMERY AL	1.3 STREET ADDRESS	
ET ADDRESS ST-ZIP	SD RICE, W.C. 2511 28TH ST. SW BIRMINGHAM AL	1.4 CITY-ST-ZIP	
ET ADDRESS ST-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP		2.2 NAME	
ET ADDRESS ST-ZIP		2.3 STREET ADDRESS	
ET ADDRESS ST-ZIP		2.4 CITY-ST-ZIP	
ET ADDRESS ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP		3.2 NAME	
ET ADDRESS ST-ZIP		3.3 STREET ADDRESS	
ET ADDRESS ST-ZIP		3.4 CITY-ST-ZIP	
ET ADDRESS ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP		4.2 NAME	
ET ADDRESS ST-ZIP		4.3 STREET ADDRESS	
ET ADDRESS ST-ZIP		4.4 CITY-ST-ZIP	
ET ADDRESS ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP		5.2 NAME	
ET ADDRESS ST-ZIP		5.3 STREET ADDRESS	
ET ADDRESS ST-ZIP		5.4 CITY-ST-ZIP	
ET ADDRESS ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP		6.2 NAME	
ET ADDRESS ST-ZIP		6.3 STREET ADDRESS	
ET ADDRESS ST-ZIP		6.4 CITY-ST-ZIP	

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED **9-20-99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)