FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUL 19 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P31777** **(6)**

1. Corporation Name
TOM ALLEN CONSTRUCTION COMPANY

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
6218 MILLER DRIVE EDWARDSVILLE IL 62025	6218 MILLER DRIVE EDWARDSVILLE IL 62025

3. Date Incorporated or Qualified: **11/09/1990**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business	2a. Mailing Address
21 6218 Miller Dr.	26 6218 Miller Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Edwardsville, IL	28 City & State: Edwardsville, IL
24 Zip: 62025 / 25 Country: USA	29 Zip: 62025 / 30 Country: USA

4. FEI Number: **37-1132624** ☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City **FL** 05 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	ALLEN, THOMAS M.	1.2 NAME		
STREET ADDRESS	RT. 1 BOX 368	1.3 STREET ADDRESS	6218 Miller Drive	
CITY-ST-ZIP	EDWARDSVILLE IL	1.4 CITY-ST-ZIP	Edwardsville, IL 62025	
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	ALLEN, KATHERINE	2.2 NAME		
STREET ADDRESS	RT. 1 BOX 368	2.3 STREET ADDRESS	6218 Miller Drive	
CITY-ST-ZIP	EDWARDSVILLE IL	2.4 CITY-ST-ZIP	Edwardsville, IL 62025	
TITLE	DST	3.1 TITLE		☒ Change ☐ Addition
NAME	ALLEN-HOWARD, LORETTA	3.2 NAME		
STREET ADDRESS	RT. 1 BOX 368	3.3 STREET ADDRESS	6218 Miller Drive	
CITY-ST-ZIP	EDWARDSVILLE IL	3.4 CITY-ST-ZIP	Edwardsville, IL 62025	
TITLE	D	4.1 TITLE		☒ Change ☐ Addition
NAME	ALLEN, MICHAEL	4.2 NAME		
STREET ADDRESS	RT 1 BOX 368	4.3 STREET ADDRESS	6218 Miller Drive	
CITY-ST-ZIP	EDWARDSVILLE IL	4.4 CITY-ST-ZIP	Edwardsville, IL 62025	
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	ALLEN, MARK	5.2 NAME		
STREET ADDRESS	RT 1 BOX 368	5.3 STREET ADDRESS	6218 Miller Drive	
CITY-ST-ZIP	EDWARDSVILLE IL	5.4 CITY-ST-ZIP	Edwardsville, IL 62025	
TITLE		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 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 on an attachment with an address.

SIGNATURE: Thomas M. Allen 7-10-95 (618)656-3059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0489748 FN