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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P31777

1. Corporation Name

## TOM ALLEN CONSTRUCTION COMPANY

Principal Place	e of Business	Mailing Address			I INDIANAL IND BILDE HAR HER LOOK (MAIL )	IEBL BIRLI BIRSI DIDIK DID	(1) BIBIC 8:8(1) (80)
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6218 MILLER DI		6218 MILLER DRIVE EDWARDSVILLE IL 62025					
EDWARDSVILLE IL 62025 US		US		DO NOT WRITE IN THIS SPACE:			
*.`.		•		3. Date Incorporated or Qualifed			
	1				11/09/1990		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
— ·	1	26			37-1132624		Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	<del></del> -			\$8.7	5 Additional
	#, G.G.	<del>                                     </del>			5. Certifcate of Status Desired	<b>7</b> - · · ·	Required
22		City & State			& Floring Compaign Financing	\$5.0	0 May Be
City & State					Election Campaign Financing     Trust Fund Contribution	,	ed to Fees
23		28	Country	·			<u>,                                    </u>
Zip '	Country	Zip	<del>-</del> -, '		8. This corporation owes the curren	tyear intangible □ Vae	□No
24 ·	25	<u> </u>	10		Personal Property Tax.  10. Name and Address of New Reg		
	9. Name and Address of Current	Registered Agent	81	Name	TV. Name and Address of New Reg	gistered Agent	
AT 6	ODDODATION CVOTEN		01	Name			
TOWN A	CORPORATION SYSTEM	5. 5.1	82	Street Ad	dress (P.O. Box Number is Not Acceptabl	e)	
	FO. FINE IDEAND HOAD	11 £ .					<u> </u>
Plan	NTATION FL 33324		83			抵键细糖	\$P\$    \$P\$     \$P\$     \$P\$     \$P\$
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			84	City	•	FI  85   2	th Code
11 Director	to the provicions of Sections 607 0502	and 607 1508 Florida Statutes	the above	e-named co	rporation submits this statement for the pu	rpose of changing	its registered
office or r	egistered agent, or both, in the State of	Florida. Such change was aut	horized by	the corpora	rporation submits this statement for the pution's board of directors. I hereby accept t	the appointment as	registered
👯 agent. La	m.familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statutes	i.			
SIGNATURE						DATE	
0.0.0.0.0	Signature, typed or printed name of registered agent and title if applicable. (NOTE						
				nt signature requ	ired when reinstating)		TORS IN 12
12.	OFFICERS AND	DIRECTORS	13.	nt signature requ	ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	
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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 eath; 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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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