

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

1995
ANNUAL REPORT



DEPARTMENT OF STATE
James B. Mott
Secretary of State
Tallahassee, Florida

APPROVED
AND
FILED

95 MAY -1 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000023098 (5)**

ALLEN WALLCOVERING, INC.

3556 DEVILWOOD ROAD
MIDDLEBURG FL 32068

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MIDDLEBURG FL 32068

DO NOT WRITE IN THIS SPACE

2. Filing Year	2a. Mailing Address	3. Date of Filing	3a. Date of Last Report
21. State Agency	26. State Agency	03/24/1993	06/24/1994
22. Filing Fee	27. Filing Fee	4. Filing Number	Applied For / Total Application
23. Filing Fee	28. Filing Fee	59-3170889	5. Certificate of Status (Asset) <input type="checkbox"/> \$8.75 Additional Fee Required
24. Filing Fee	29. Filing Fee	30. Filing Fee	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. The corporation has liability for expenses for under \$100,000 Florida Statute: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DAVIS, JOHN D 8362 103RD STREET JACKSONVILLE FL 32210		81. Name	85. Zip Code
		82. Street Address (P.O. Box Number is Not Acceptable)	FL
		83. City	
		84. State	

11. I, the undersigned, the person in charge for a corporation registered in the State of Florida, hereby certify that the above named corporation submits this statement for the purpose of changing its registered office or registered agent in both the State of Florida. If such change was authorized by the corporation's board of directors, I hereby request the appointment as registered agent. I am not an officer or director of the corporation. Florida Statute.

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	ADDRESS	NAME	ADDRESS
PD ALLEN, THOMAS D 3556 DEVILWOOD ROAD MIDDLEBURG FL 32068			<input type="checkbox"/> Change <input type="checkbox"/> Add
V ALLEN, THOMAS D JR 3556 DEVILWOOD ROAD MIDDLEBURG FL 32068			<input type="checkbox"/> Change <input type="checkbox"/> Add
V ALLEN, STEVEN M 3556 DEVILWOOD ROAD MIDDLEBURG FL 32068			<input type="checkbox"/> Change <input type="checkbox"/> Add
			<input type="checkbox"/> Change <input type="checkbox"/> Add
			<input type="checkbox"/> Change <input type="checkbox"/> Add
			<input type="checkbox"/> Change <input type="checkbox"/> Add
			<input type="checkbox"/> Change <input type="checkbox"/> Add
			<input type="checkbox"/> Change <input type="checkbox"/> Add
			<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I, the undersigned, hereby certify that the information provided with this filing is accurate, complete and correct, and that the information is true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes. I further certify that the information provided on this filing is true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes. I further certify that the information provided on this filing is true and correct, and that the corporation is in compliance with the provisions of the Florida Statutes.

SIGNATURE: *Thomas D Allen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/95