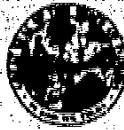


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 11 PM 8:33

DOCUMENT # P93000061886 (6)

1. Corporation Name

ALLEN PARTNERSHIP, INC.

Principal Place of Business

**267 AIRPORT ROAD SOUTH
NAPLES FL 33942**

Mailing Address

**267 AIRPORT ROAD SOUTH
NAPLES FL 33942**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/03/1993

3a. Date of Last Report

04/25/1994

4. FEI Number

65-0444240

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. 193.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

**LOCKER, JOSEPH R JR.
PARKWAY FINANCIAL PLAZA, 6TH FLOOR
2150 GOODLETTE ROAD NORTH
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81

Name

James D. Allen, Jr.

82

Street Address (P.O. Box Number is Not Acceptable)

267 Airport Rd. So.

83

84

City

Naples

FL

85

Zip Code
33942

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 **James D. Allen, Jr. President**

3/31/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when running for re-election)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PT
ALLEN, JAMES D. J
116 HERON AVE.
NAPLES FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
BAKKE, MARVEL L.
390 NOTTINGHAM DR.
NAPLES FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
NYWENING, BRUCE A.
441 21ST ST., N.W.
NAPLES FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
BUCKLER, NANCY Y.
163 CONNERS AVE.
NAPLES FL**

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☒ Change

☐ Addition

Delete

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change

☒ Addition

**V
Buckler, Brian A.
719 94th Ave. No.
Naples, FL 33963**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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)(k), 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:

Nancy Y. Buckler

Nancy Y. Buckler

3/31/95

813-643-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #