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

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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	Mailing Address
267 AIRPORT ROAD SOUTH NAPLES FL 33942	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. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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 name is changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, JAMES D. J	1.2 NAME	
STREET ADDRESS	116 HERON AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	BAKKE, MARVEL L.	2.2 NAME	
STREET ADDRESS	390 NOTTINGHAM DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☒ Change ☐ Addition
NAME	NYWENING, BRUCE A.	3.2 NAME	Delete
STREET ADDRESS	441 21ST ST., N.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	BUCKLER, NANCY Y.	4.2 NAME	
STREET ADDRESS	163 CONNERS AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	V ☐ Change XX Addition
NAME		5.2 NAME	Buckler, Brian A.
STREET ADDRESS		5.3 STREET ADDRESS	719 94th Ave. No.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Naples, FL 33963
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: Nancy Y. Buckler — Nancy Y. Buckler — 3/31/95 — 813-643-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0328100 CP