FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **09/03/1993**
3a. Date of Last Report: **04/11/1995**

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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

12. OFFICERS AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	ALLEN, JAMES D. J	
STREET ADDRESS	116 HERON AVE.	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	☒ DELETE
NAME	BAKKE, MARVEL L.	
STREET ADDRESS	390 NOTTINGHAM DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	☐ DELETE
NAME	BUCKLER, NANCY Y.	
STREET ADDRESS	163 CONNERS AVE.	
CITY-ST-ZIP	NAPLES FL	
TITLE	V	☐ DELETE
NAME	BUCKLER, BRIAN A	
STREET ADDRESS	719 94TH AVE NO	
CITY-ST-ZIP	NAPLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
9 TITLE		☐ Change ☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TITLE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE	Vice President	☐ Change ☒ Addition
18 NAME	Kevin D. Higbie	
19 STREET ADDRESS	2247 Spruce St. #3	
20 CITY-ST-ZIP	Naples, FL 33962	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

14. I do hereby certify that this information supplied with this report 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 — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Y. Buckler — 941-643-4600

CR2E034 (12/95)