SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 10:09

DOCUMENT # P94000001682 (1)

1. Corporation Name
W. T. ALLEN ENTERPRISES, INC.

Principal Place of Business
P.O. BOX 1969
CHIEFLND FL 32626

Mailing Address
P.O. BOX 1969
CHIEFLND FL 32626

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1993
3a. Date of Last Report: 06/17/1994

2. Principal Place of Business
21 512 N.W. 5th St.
Suite, Apt. #, etc. 22
City & State 23 Chiefland, Florida
Zip 24 32626 Country 25 Levy

2a. Mailing Address
26 Po. Box 1969
Suite, Apt. #, etc. 27
City & State 28 Chiefland, Florida
Zip 29 32626 Country 30 Levy

4. FEI Number: 59-3217731 — 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

9. Name and Address of Current Registered Agent
ALLEN, WOODROW T
512 NW 5TH ST.
CHIEFLND FL 32626

10. Name and Address of New Registered Agent
81 Name: Woodrow T. Allen
82 Street Address (P.O. Box Number is Not Acceptable)
83 512 N.W. 5th St.
84 City: Chiefland FL 85 Zip Code: 32626

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: Woodrow T. Allen — Signature, typed or printed name of registered agent and title if applicable
Woodrow T. Allen — (R.A. Registered Agent signature required when reinstating)
6-8-95 — DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALLEN, PEGGY A
STREET ADDRESS	512 NW 5TH ST.
CITY ST ZIP	CHIEFLND FL
TITLE	VP
NAME	ALLEN, WOODROW T
STREET ADDRESS	512 NW 5TH ST.
CITY ST ZIP	CHIEFLND FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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)(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: Woodrow T. Allen — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
6-8-95 — Date
(904) 493-7415 — Daytime Phone #

CR2E034 (3/95)

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