RECORD NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $275 (IF RECEIVED, MINIMUM AMOUNT DUE TO REINSTATE: $875)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL -7 AM 9:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000042678 (0)**

1. Corporation Name
ALLAN & SHIPP, P.A.

Principal Place of Business	Mailing Address
400 COREY AVE SUITE 200 ST PETERSBURG FL 33706	400 COREY AVE SUITE 200 ST PETERSBURG FL 33706

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/08/1994**
3a. Date of Last Report:

2. Principal Place of Business
21: 6675-13TH AVE. N.

2a. Mailing Address
26: SAME

Suite, Apt. #, etc.
22: 2C

Suite, Apt. #, etc.
27:

City & State
23: ST. PETERSBURG

City & State
28:

Zip
24: 33710

County
25: USA

Zip
29:

Country
30:

4. FEI Number: 59-3315804 ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHIPP, WAYNE E
6281 62ND ST N
PINELLAS PARK FL 34665

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☑ Change ☐ Addition
NAME	ALLAN, LINDA R	1.2 NAME	
STREET ADDRESS	6281 62ND ST N	1.3 STREET ADDRESS	6675-13TH AVE. N. #2C
CITY-ST-ZIP	PINELLAS PARK FL 34665	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	DST	2.1 TITLE	☑ Change ☐ Addition
NAME	SHIPP, WAYNE E	2.2 NAME	
STREET ADDRESS	6281 62ND ST N	2.3 STREET ADDRESS	6675-13TH AVE. N. #2C
CITY-ST-ZIP	PINELLAS PARK FL 34665	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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: Wayne E. Shipp 6/9/95 813-391-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0102747 CP