

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90209 020 ***150.00

DOCUMENT # P94000049444

1. Corporation Name

ALLSTATE PUBLISHING, INC.

Principal Place of Business

4466 PLUMOSA ST.
SPRING HILL FL 34607

Mailing Address

4466 PLUMOSA ST.
SPRING HILL FL 34607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1994

4. FEI Number

59-3254600

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 13526 STACEY DRIVE

Suite, Apt. #, etc.

2a. Mailing Address

26 13526 STACEY DRIVE

Suite, Apt. #, etc.

City & State

23 HUDSON FLORIDA

Zip

24 34667 25 U.S.A.

City & State

28 HUDSON FLORIDA

Zip

29 34667 30 U.S.A.

9. Name and Address of Current Registered Agent

CURTIS, JOHN
4466 PLUMOSA ST.
SPRING HILL FL 34607

10. Name and Address of New Registered Agent

81 Name

CURTIS, JOHN

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

13526 STACEY DRIVE

83

84 City

HUDSON

FL

85 Zip Code

34667

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE

NAME CURTIS, CLARE
STREET ADDRESS 4466 PLUMOSA STREET
CITY-ST-ZIP SPRING HILL FL

TITLE PD ☐ DELETE

NAME CURTIS, JOHN
STREET ADDRESS 4466 PLUMOSA STREET
CITY-ST-ZIP SPRING HILL FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE SD ☒ Change ☐ Addition

1.2 NAME CURTIS, CLARE
1.3 STREET ADDRESS 13526 STACEY DRIVE
1.4 CITY-ST-ZIP HUDSON, FL 34667

2.1 TITLE PD ☒ Change ☐ Addition

2.2 NAME CURTIS, JOHN
2.3 STREET ADDRESS 13526 STACEY DRIVE
2.4 CITY-ST-ZIP HUDSON, FL 34667

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-99

Date

(727) 869-0335

Daytime Phone #

0500137

CR2E034 (11/98)