SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham **FILED** ANNUAL REPORT Secretary of State Aug 13 1996 8:00 am DIVISION OF CORPORATIONS 1996 Secretary of State DOCUMENT #
1. Corporation Name P95000004830 (2) ALLSTATE REMODELING INC. Principal Place of Business Mailing Address 4115 POMPANO LANE 4115 POMPANO LANE PALMETTO FL 34221 PALMETTO FL 34221 3a. Date of Last Report 3. Date Incorporated or Qualified 01/17/1995 Applied For Mailing Address 2. Principal Place of Business Not Applicable \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Country ∏ Yes Florida Statutes 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MAUS, PAUL D Street Address (P.O. Box Number is Not Acceptable) 4115 POMPANO LANE PALMETTO FL 34221 83 Zip Code City 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 mith. State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE respectived aspect and their appointace (NOTE Required Agent's grature required when remodeled) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) OFFICERS AND DIRECTORS 13. 12. Change Add-tion 1 1 TITLE TITLE CR2E034 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS Change Addition DELETE 21 TIFLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST ZIP CITY - ST - ZIP Change Addition DELETE 3 1 TITLE TITLE 32 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CHTY-ST 2IP CITY-ST-ZIP Change Addition DELETE 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP ____ Change ____ Addition DELETE 51TILE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY - ST. ZIP CITY-ST-ZIF 300001920363hange Addition -08/13/96--01107--016 DELETE 61 TITLE TITLE 6 2 NAME 63 STREET ADDRESS ***225.00 STREET ADDRESS 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) 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 made under oath, that I am an officer or furcible of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 61 that my name appears in Block 12 or block 131 changed, or on an attachment with an address

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-96 (941) 923-2236 work (941) 751-0423