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FILED
Feb 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000018541 (9)

1. Corporation Name:
STROP ALLISON, INC.

Principal Place of Business
321 RIVERSIDE DRIVE
STEINHATCHEE FL 32359

Mailing Address
55824 FERN RD.
ASTOR FL 32102
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1080 EMPORIA RD.
Suite, Apt. #, etc.
22
City & State
23 PIERSON, FL.
Zip Country
24 32180 25 USA
2a. Mailing Address
26 1080 EMPORIA RD.
Suite, Apt. #, etc.
27
City & State
28 PIERSON, FL.
Zip Country
29 32180 30 USA

3. Date Incorporated or Qualified
03/08/1995
4. FEI Number
59-3299504
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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
STROP, WILLIAM L
55824 FERN RD.
ASTOR FL 32102

10. Name and Address of New Registered Agent
81 Name
WILLIAM L. STROP
82 Street Address (P.O. Box Number is Not Acceptable)
1080 EMPORIA RD.
83
84 City
PIERSON FL 85 Zip Code
32180

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 WILLIAM L. STROP
Signature typed or printed name of registered agent (if applicable)
NOTE: Registered Agent signature required when translating
2-9-98
DATE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME STROP, WILLIAM L
STREET ADDRESS 321 RIVERSIDE DRIVE
CITY-ST-ZIP STEINHATCHEE FL 32359
TITLE STD
NAME ALLISON, ELIZABETH B
STREET ADDRESS 321 RIVERSIDE DRIVE
CITY-ST-ZIP STEINHATCHEE FL 32359
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE PD
12 NAME STROP, WILLIAM L.
13 STREET ADDRESS 1080 EMPORIA RD.
14 CITY-ST-ZIP PIERSON, FL. 32180
21 TITLE STD
22 NAME ALLISON, ELIZABETH B.
23 STREET ADDRESS 1080 EMPORIA RD.
24 CITY-ST-ZIP PIERSON, FL. 32180
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 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.

SIGNATURE: ELIZABETH B. ALLISON
2-9-98 904-749-3060

CR2E034 (10/97)