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FILED

Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000059314 (1)

1. Corporation Name

ALLSTATE BUILDERS OF SOUTHWEST FLORIDA INC.



Principal Place of Business

1406 TAMiami TR.  
NORTH PORT FL 34287

Mailing Address

1406 TAMiami TR.  
NORTH PORT FL 34285-4139

2. Principal Place of Business

21 14601 Tamiami Tr.

Suite, Apt. #, etc.

22

City & State

23 North Port, Fl.

Zip

24 34287

Country

25 U.S.

2a. Mailing Address

26 14601 Tamiami Tr.

Suite, Apt. #, etc.

27

City & State

28 North Port, Fl.

Zip

29 34287

Country

30 U.S.

3. Date Incorporated or Qualified

07/31/1995

3a. Date of Last Report

04/04/1996

4. FEI Number

65-0609746

☒ 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

ELMY, ROBERT A  
1488 COUNT NICHOLAS CT.  
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name

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

83 541 Westmount Lane

84 Venice, FL

85 Zip Code

Venice

FL

34293

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	ELMY, ROBERT A	1488 COUNT NICHOLAS CT.	SARASOTA FL 34232	<input type="checkbox"/>
S	ELMY, TERRI W	1488 COUNT NICHOLAS CT.	SARASOTA FL 34232	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1	1.2	1.3 541 Westmount Lane	1.4 Venice, FL. 34293	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3 541 Westmount Lane	2.4 Venice, FL. 34293	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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:

*Robert A. Emy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97 941 466-6652  
Date Daytime Phone #

0436382

CR2E034 (9/96)