

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P95000088082**

Corporation Name
ALLEN & MALLER, P.A.

Principal Place of Business
**408 CENTRAL AVE
PETERSBURG FL 33711**

Mailing Address
**4508 CENTRAL AVE
ST PETERSBURG FL 33711**

FILED
Sep 15, 1999 8:00 am
Secretary of State

09-15-1999 90001 023 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5929 BAYVIEW CIRCLE
Suite, Apt. #, etc.

2a. Mailing Address
(SAME)
Suite, Apt. #, etc.

City & State
GULFPORT FLA
Zip
33707

City & State
PINEHILLS
Zip
30

3. Date Incorporated or Qualified
01/01/1996

4. FEI Number
59-3349231

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**ALLEN, JOHN T JR
4508 CENTRAL AVE
ST PETERSBURG FL 33711**

10. Name and Address of New Registered Agent

81 Name **JOHN T. ALLEN JR**
82 Street Address (P.O. Box Number is Not Acceptable)
5929 BAYVIEW CIRCLE S.O.
83
84 City **GULFPORT** FL 85 Zip Code **33707**

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

(NOTE: Registered Agent signature required when reinstating)

Sept. 1, 1999
Date

OFFICERS AND DIRECTORS

ET ADDRESS	D <input type="checkbox"/> DELETE ALLEN, JOHN T JR 5929 BAYVIEW CIRCLE S GULFPORT FL 33707
ET ADDRESS	D <input type="checkbox"/> DELETE MALLER, KAREN E 6503 STONE RIVER RD UNIT 105 BRADENTON FL 34203
ET ADDRESS	<input type="checkbox"/> DELETE
ET ADDRESS	<input type="checkbox"/> DELETE
ET ADDRESS	<input type="checkbox"/> DELETE
ET ADDRESS	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	4622 MATABELLA COURT, ST. PETE BEACH 33706
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 *[Signature]* REQUIRED

Sept. 1, 1999 727-345-2963
Date Daytime Phone #

CR2E034 (5/99)