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FILED
May 06 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 # P96000059768 (7)

1. Corporation Name

ALLEN DISTRIBUTING OF NAPLES, INC.

Principal Place of Business

Mailing Address

4501 TAMiami TRAIL NORTH #400
NAPLES FL 34103

4501 TAMiami TRAIL NORTH #400
NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1996

4. FEI Number

65-0735262

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

2. Principal Place of Business

2a. Mailing Address

21 7952 Interstate Ct. N.E. 26 7952 Interstate Ct. N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 N. Fort Myers, FL

28 N. Fort Myers, FL

Zip

Country

Zip

Country

24 33917

25 USA

29 33917

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CECIL, W J
4501 TAMiami TRAIL NORTH #400
NAPLES FL 34103

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE

NAME D
STREET ADDRESS TOUHY, JOHN
CITY-ST-ZIP 11168 PHOENIX WAY
NAPLES FL 34119

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

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 ☐ Change ☒ Addition

1.2 NAME P
1.3 STREET ADDRESS Touhy, John
1.4 CITY-ST-ZIP 11168 Phoenix Way
Naples, FL 34119

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME D/V
2.3 STREET ADDRESS Touhy, Diane V.
2.4 CITY-ST-ZIP 11168 Phoenix Way
Naples, FL 34119

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME S
3.3 STREET ADDRESS Touhy, Thomas E.
3.4 CITY-ST-ZIP 7952 Interstate Court N.E.
N. Fort Myers, FL 33917

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME T
4.3 STREET ADDRESS Touhy, Kathleen
4.4 CITY-ST-ZIP 7952 Interstate Court N.E.
N. Fort Myers, FL 33917

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.

SIGNATURE

[Signature] Thomas E. Touhy, Director

CR2E034 (10/97)