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May 09 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 # P96000102268 (5)

1. Corporation Name  
ALLEN BUSINESS PRODUCTS, INC.



Principal Place of Business Mailing Address  
10225 ULMERTON RD., BLDG. NO. 11  
LARGO FL 33771 10225 ULMERTON RD., BLDG. NO. 11  
LARGO FL 33771-3526

3. Date Incorporated or Qualified 12/18/1996  
3a. Date of Last Report

2. Principal Place of Business 21 424 Palm Tree Drive Suite, Apt. #, etc. 22 City & State 23 Bradenton, FL. 34210 Zip 24 34210	2a. Mailing Address 26 424 Palm Tree Dr. Suite, Apt. #, etc. 27 City & State 28 Bradenton, FL. Zip 29 34210	4. FEI Number 65 0721715 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Country 25 Manatee	Country 30 Manatee	

9. Name and Address of Current Registered Agent

PIPPEN, JOSEPH F JR.  
10225 ULMERTON RD., BLDG. NO. 11  
LARGO FL 33771

10. Name and Address of New Registered Agent

81 Name Jack C. Allen  
82 Street Address (P.O. Box Number is Not Acceptable)  
424 Palm Tree Drive  
83  
84 City Bradenton FL 85 Zip Code 34210

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: *Jack C. Allen* 4-28-97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required for re-registration) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, JACK C 424 PALM TREE DR. BRADENTON FL 34210 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Sec.-Treas. Jack C. Allen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, GERALDINE A 424 PALM TREE DR. BRADENTON FL 34210 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	President Geraldine Allen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jack C. Allen*  
Signature and typed or printed name of signing officer or director

4-28-97 9417566834  
Date Daytime Phone # 0007851

CR2E034 (9/96)