FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address
424 PALM TREE DR

BRADENTON FL 34210

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

424 PALM TREE DR BRADENTON FL 34210

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90052 038 ***150.00

DO NOT WRITE IN THIS SPACE

☐ Change

☐ Addition

3. Date Incorporated or Qualifed

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000102268

ALLEN BUSINESS PRODUCTS, INC.

12/18/1996 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0721715 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Country Zip Zip ☐ Yes [XNo Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ALLEN, JACK C Street Address (P.O. Box Number is Not Acceptable) 82 **424 PALM TREE DR BRADENTON FL 34210** 83 Zip Code 85 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ DELETE 1.1 TITLE TITLE STD 1.2 NAME ALLEN, JACK C NAME 424 PALM TREE DR. STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP BRADENTON_FL CITY-ST-ZIP Addition ☐ Change ☐ DELETE 2.1 TITLE TITLE 2.2 NAME ALLEN, GERALDINE A NAME 2.3 STREET ADDRESS STREET ADDRESS 424 PALM TREE DR. 2.4 CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITI F 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE

52 NAME

6.1 TITLE

62 NAME

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, with all other like empowered.

REJack CEAllen

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP