

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

FILED

May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000024741 (5)

1. Corporation Name
ALLEN SIGNS, INC.

Please note Address change -

Principal Place of Business

5120 SE 29TH STREET #D
OCALA FL 34471

Mailing Address

5120 SE 29TH STREET #D
OCALA FL 34471

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1997

4. FEI Number

59-3435172

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
21 5601 NE 6th Court
Suite, Apt. #, etc.

22 City & State
23 Ocala FL

24 Zip
34479

25 Country
USA

2a. Mailing Address
26 5601 NE 6th Court
Suite, Apt. #, etc.

27 City & State
28 Ocala FL

29 Zip
34479

30 Country
USA

9. Name and Address of Current Registered Agent

ALLEN, CHRISTINE Y
5120 SE 29TH STREET #D
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name

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

5601 NE 6th Ct

83 Ocala FL

84 City

Ocala

FL

85 Zip Code

34479

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)

4-25-98

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ALLEN, JAMES L
STREET ADDRESS 5120 SE 29TH STREET #D
CITY-ST-ZIP Ocala FL 34471

TITLE D
NAME ALLEN, CHRISTINE Y
STREET ADDRESS 5120 SE 29TH STREET #D
CITY-ST-ZIP Ocala FL 34471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 5601 NE 6th Ct
1.4 CITY-ST-ZIP Ocala FL 34479

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 5601 NE 6th Ct
2.4 CITY-ST-ZIP Ocala FL 34479

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

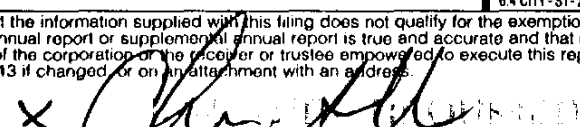
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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: X



4-25-98

CR2E034 (10/97)