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**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90291 018 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P99006040946</b> 1. Corporation Name <b>ALLSTATE INSPECTIONS, INC.</b>			
Principal Place of Business <b>7010 HEATHER OAK DR.</b> <b>PENSACOLA, FL 32506</b>		Mailing Address DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business <b>7010 HEATHER OAK DR.</b>		2a. Mailing Address <b>7010 Heather Oaks Dr</b>	
21 Suite, Apt. #, etc. 		26 Suite, Apt. #, etc. 	
22 City & State <b>PENSACOLA FL</b>		27 City & State <b>PENSACOLA FL</b>	
23 Zip <b>32506</b>		28 Zip <b>32506</b>	
24 Country <b>USA</b>		30 Country <b>USA</b>	
9. Name and Address of Current Registered Agent <b>TERRY L. LATINO</b> <b>7010 HEATHER OAK DR</b> <b>PENSACOLA, FL 32506</b>		10. Name and Address of New Registered Agent 	
81 Name 		82 Street Address (P.O. Box Number is Not Acceptable) 	
83 		84 City 	
85 		86 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		DATE (NOTE: Registered Agent signature required when reappointing)	
12. OFFICERS AND DIRECTORS TITLE <b>PRESIDENT</b> <input type="checkbox"/> DELETE NAME <b>TERRY LATINO</b> STREET ADDRESS <b>7010 HEATHER OAK DR</b> CITY-ST-ZIP <b>PENSACOLA, FL 32506</b>		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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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	
TITLE NAME STREET ADDRESS 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	
TITLE NAME STREET ADDRESS 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	
TITLE NAME STREET ADDRESS 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	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)