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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700054459

1. Corporation Name

ALLEN CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
795 CREIGHTON STREET	795 CREIGHTON STREET
MELBOURNE FL 32935-6697	MELBOURNE FL 32935-6697

May 10, 1999 8:00 am Secretary of State

05-10-1999 90197 050 ***150.00

Principal Place of Business	Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
795 CREIGHTON STREET 795 CREIGHTON STREET MELBOURNE FL 32935-6697 MELBOURNE FL 32935-6697			DO NOT WRITE IN THIS	SPACE		
				3. Date Incorporated or Qualifed 06/20/1997		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21	26			59-3454979	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country	Zip C	Country		This corporation owes the current year Interpretation of the Personal Property Tax.	angible □Yes □No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
AMERILAWYER CHARTER		81	Name			
343 ALMERIA AVENUE		82	2 Street Address (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33134	,	83				
		84	City		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, and accept the obligations of Section 507.0505. Florida Statutes

NAME ALLEN, ANTHONEEL C 12 MAME 1.3 STREET ADDRESS	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
TILLE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSTD ALLEN, ANTHONEEL C 12 MAME STREET ADDRESS CITY-ST-ZIP TITLE OFFICERS AND DIRECTORS 1.1 TITLE OFFICERS AND DIRECTORS IN 12 TITLE OFFICERS AND DIRECTORS 1.1 TITLE OFFICERS AND DIRECTORS IN 12 TITLE OFFICERS O	SIGNATURE Signature typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
TITLE PSTD ALLEN, ANTHONEEL C ALLEN, ANTHONEEL C STREET ADDRESS T95 CREIGHTON STREET (CITY-ST-ZIP) MELBOURNE FL 32935-6697 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		- The state of the								
NAME STREET ADDRESS OTY-ST-ZPP MELBOURNE FL 32935-6697 Addition NAME STREET ADDRESS CITY-ST-ZPP DELETE 1.2 NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZPP TITLE DELETE 3.1 TITLE AMME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZPP TITLE AMME 4.2 NAME 3.3 STREET ADDRESS CITY-ST-ZPP TITLE AMME 5TREET ADDRESS 5TREET ADDRESS 5TREET ADDRESS CITY-ST-ZPP TITLE AMME 5TREET ADDRESS CITY-ST-ZPP TITLE ADDRESS CITY-ST-ZPP TITLE ADDRESS CITY-ST-ZPP TITLE ADDRESS CITY	TITLE	PSTD DELETE	11 TITLE	☐ Cha	inge Addition					
STREET ADDRESS	NAME.		1.2 NAME		. }					
DELETE	STREET ADDRESS		1.3 STREET ADDRESS		ļ					
DELETE DELETE 21 TITLE Change Addition	CITY-ST-ZIP	MELBOURNE FL 32935-6697	1.4 CITY-ST-ZIP							
STREET ADDRESS 23 STREET ADDRESS 24 CITY- ST-ZIP	TITLE	☐ DELETÉ	2.1 TITLE	☐ Cha	inge 🗌 Addition					
2 4 CITY-ST-ZIP	NAME		2.2 NAME		İ					
DELETE DELETE 3.1 TITLE Change Addition NAME STREET ADDRESS	STREET ADDRESS		2.3 STREET ADDRESS							
STREET ADDRESS 32 NAME 32 NAME 33 STREET ADDRESS 33 STREET ADDRESS 34. CITY-ST-ZIP Change Addition	CITY-ST-ZIP		2.4 CITY-ST-ZIP							
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Change Addition	TITLE	☐ DELETE	3.1 TITLE	☐ Cha	ange [] Addition					
CITY-ST-ZIP 34. CITY-ST-ZIP Change Addition	NAME		3.2 NAME							
DELETE	STREET ADDRESS		3.3 STREET ADDRESS							
NAME	CITY-ST-ZIP		3.4. CITY-ST-ZIP							
A3 STREET ADDRESS A4 CITY-ST-ZIP A4 CITY-ST-ZIP Change Addition	TITLE	☐ DELETE	4.1 TITLE	☐ Cha	ange					
A4 CITY-ST-ZIP	NAME		4. 2 NAME							
### TITLE	STREET ADDRESS		4.3 STREET ADDRESS							
NAME	CITY-ST-ZIP		4.4 CITY-ST-ZIP							
5.3 STREET ADDRESS	TITLE	DEFELE	5.1 TITLE	□ Cha	ange 🗌 Addition					
5.4 CITY-ST-ZIP	NAME		5.2 NAME		ļ					
TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS		5.3 STREET ADDRESS							
NAME 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS	CITY-ST-ZIP									
STREET ADDRESS 6.3 STREET ADDRESS	TITLE	☐ DELETE	6.1 TITLE	☐ Cha	ange					
SIRCETADURESS	NAME		62 NAME		!					
	STREET ADDRESS		6.3 STREET ADDRESS							
CITY-ST-ZIP 64-CITY-ST-ZIP 64-CITY-S	CITY-ST-ZIP			No. of the state o						

I nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f), Fronda Statutes, 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 peceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

G OFFICER OR DIRECTOR