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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS City-St-Zip

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sendra B. Morthani

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000056478 (5)

ALLEN & MURRAY FINANCIAL SERVICES, INC.

Principal Place of Business Mailing Address 1004 N. WOODLAND BLVD. #1 1004 N. WOODLAND BLVD. #1 DELAND FL 32720 DELAND FL 32720 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/26/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59-3454404 21 Not Applicable Suite, Apl. #, etc. Suite. Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6, Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Country Country Zip Z_{Ω} 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MURRAY, BLAKE S 1004 N. WOODLAND BLVD. #1 82 Street Address (P.O. Box Number is Not Acceptable) DELAND FL 32720 83 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent's gnature required when reinstating) Stonature: type dior prietra i ume of rejestered apent reul to i Propple able OFFICERS AND DIRECTORS CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELLTE TITLE 1.1 TITLE Change Pres./Tres. 1.2 NAME NAME Carol Allen 2635 Ardor Ln 1.3 STREET ADDRESS STREET ADDRESS Orange City, FL 32763 1.4 CHY-\$1-ZIP CITY-ST-ZIP V. Pres./ Sec. Change ___ Addition TITLE 2.1 TITLE ₿l**a**ke Murray NAME 22 NAME STREET ADDRESS 474 Cardinal Daka Court 23 STHEFT ADDRESS CITY-ST-ZIP .**ak**e Mary, FL 32746 2. 4 CITY - ST - ZIP ☐ Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELF TE Addition Change TITLE 4.1 TITLE 4.2 NAME

14. Thereby certify that the information supplied with this filling 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 suppliemental 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

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 1/11/16

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

DELETE

DELETE

1/22 91

Change

Change

Addition

Addition

FILED

Jun 01 1998 8:00am

Secretary of State