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

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT

1998

Principal Place of Business

CITY-ST-ZIP

STREET ADDRESS

THILE

NAME



ELORIDA DEPARTMENT OF STATI

Sandra B. Mortham 🚬 🍃

Secretary of State
DIVISION OF CORPORATIONS

FILED

Jun 29 1998 8:00am

Secretary of State

-06/35/95--91061--948

*** [50]. (10)

DOCUMENT # P97000086312 (0)

ALLSTATE FRAMING & REMODELING, INC.

320 FOREST LONGWOOD	PARK CIRCLE FL 32779	320 FOREST PARK CI LONGWOOD FL 32779			DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IS SPACE	
2. Principal P	lace of Business	2a. Mailing Address			10/15/1997 4_EEI Number_		Applied For
21	Control Control	26			50-24711010	1	Not Applicable
Suite, Apt #, etc.		Suite, Apt #, etc			5. Certificate of Status Desired Sequired Fee Required		
City & State	n	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country	7(p)	Countr 30	y	This corporation owes or has paid the englished Personal Properly Tax due June 30.	🗶 Yes	Intangible No
	9. Name and Address of Current	Registered Agent	· · · · · · · · · · · · · · · · · · ·	q	10. Name and Address of New Registers	d Agent	
	iews, melissa		81	Name			
320 FOREST PARK CIRCLE				Street Add	dress (P.O. Box Number is Not Acceptable)		
LO	NGWOOD FL 32778		83				
•							
			84	City	F	85 Zg	p Code
SIGNATURE	Signature: Specific peoples raises of my series as peo- OFFICERS AND	DIRECTORS	13.	roc signature requ	oired when reinstaing) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	
TITLE	D	☐ DILETE	1.1 TO LE			Change	Addition
NAME	CREWS, MELISSA		1.2 NAME				
STREET ADDRESS	320 FOREST PARK CIRCLE		1.3 STREE	I ADDRESS			
CITY-ST-70P	LONGWOOD FL 32779	N/ FTE	1.4 CITY -	51 - ZIP			
TITLE	D CHATHAM NORMAN C	DELETE	2.1 THLF			☐ Change	e 🔲 Addition
NAME	CHATHAM, NORMAN R 1191 WESTSIDE DRIVE		2.2 NAME				
STREET ADDRESS	LONGWOOD FL 32779			ADDRESS			
CITY-ST-ZIP TITLE	CONGROOD IE GEITE	DEVETE	2. 4 CITY- 3.1 TITLE	51 - 719		Change	Addition
NAME			3 2 NAME				
STREET ADDRESS			3.3 STREE	FADORESS			
CITY - ST - ZIP			3.4. CiTY	ST- 7IP			
TITLE		DELETE	4.1 1ITEE			Change	Addition
NAME			4. 2 NAMI				
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY-ST-ZIP			4.4 CITY -	S1 - ZIP			
TITLE		[,] DELETE	5.1 TITLE			Change	e 🔲 Addition
NAME			5 2 NAME	ĺ			
STREET ADDRESS			5.3 STREE	ADDRESS			

DELETE

6.2 NAME

14. Thereby certify that the information supplied with this filing does not quality 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 eath; that I am an officer or director of the corporation or the receiver or frustree empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in