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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S29897** **(3)**

1. Corporation Name

ALLSTATE SERVICES OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
11417 83 AVE N SEMINOLE FL 34642	11417 83 AVE N SEMINOLE FL 34642

3. Date Incorporated or Qualified: 02/04/1991

3a. Date of Last Report: 06/20/1995

4. FEI Number: 59-3189529 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1161 OLD DIXIE Hwy	26 1161 OLD DIXIE Hwy
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: VERO Beach, FL.	28 City & State: VERO BEACH, FL.
24 Zip: 32960 25 Country: Indian Riv	29 Zip: 32960 30 Country: Indian River

9. Name and Address of Current Registered Agent

RHODES, JOHN E.
11417 83 AVE N
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name: JOHN E RHODES
82 Street Address (P.O. Box Number is Not Acceptable): 1161 OLD DIXIE HWY
83
84 City: VERO BEACH FL 85 Zip Code: 32960

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 _____ DATE

Signature, typed or printed name of registered agent and title, if applicable — Date, if Registered Agent is an entity other than an individual

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RHODES, JOHN E. 11417 83 AVE N SEMINOLE FL 34642	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RHODES, JOHN E. 11417 83 AVE N SEMINOLE FL 34642	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition P. FRANCIS V. CASANO JR. 1161 OLD DIXIE HWY VERO BEACH, FL. 32960
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition V.P. JOHN E. RHODES 2726 4TH Place VERO BEACH, FL. 32968
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 400001826734 -05/20/96--01003--027 ***233.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☒ Addition 5-1-96

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ JOHN E. RHODES 4-28-96 407-567-4747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #