

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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MAY -1 AM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
Jeffrey A. K. C. (1995) (1995)

DOCUMENT # **S76318** (2)

1. Corporation Name

ALLEN COMPUTING DEVICES INC.

Principal Place of Business
**4513 BARNABY DRIVE
JACKSONVILLE FL 32217**

Mailing Address
**4513 BARNABY DRIVE
JACKSONVILLE FL 32217**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified 08/26/1991		3a. Date of Last Report 05/01/1994	
4. FEI Number 59-3083213		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			

9. Name and Address of Current Registered Agent ALLEN, DINEEN M. 4513 BARNABY DRIVE JACKSONVILLE FL 32217		10. Name and Address of New Registered Agent	
		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	
		FL 85. Zip Code	

11. Pursuant to the provisions of Sections 607.08(1), 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 607.08(2), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	ALLEN, JOHN M.	1. NAME	
STREET ADDRESS	4513 BARNABY DR.	1. STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	1. CITY, ST, ZIP	
TITLE	D	2. TITLE	☐ Change ☐ Addition
NAME	ALLEN, DINEEN M.	2. NAME	
STREET ADDRESS	4513 BARNABY DR.	2. STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	2. CITY, ST, ZIP	
TITLE	D	3. TITLE	☐ Change ☐ Addition
NAME	GALVIN, STEVEN	3. NAME	
STREET ADDRESS	3071 HENDRICKS AVENUE	3. STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	3. CITY, ST, ZIP	
TITLE	D	4. TITLE	☐ Change ☐ Addition
NAME	DUNPHY, WILLIAM J. SR.	4. NAME	
STREET ADDRESS	409 MAINGATE DR.	4. STREET ADDRESS	
CITY, ST, ZIP	COLUMBIA SC	4. CITY, ST, ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE		6. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.032(4)(b), 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 member or holder of an ownership interest in the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the foregoing or on an affidavit filed with an address.

SIGNATURE: *Dineen M. Allen* Dineen M. Allen President
4-28-95 904-731-8707