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

NAME

STREET ADDRESS

CICNATUDE

Block 12 or Block 13 if changes

CITY - ST - 21P

Jun 09 1998 8:00am **PROFIT** LLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mostham-ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name V01820 (2)ALLARD & ASSOCIATES, INC. Principal Place of Business Mailing Address 3606 EWELL RD 3605 EWELL RD AKELAND FL 33811 LAKELAND FL 33811 DO NOT WRITE IN THIS SPACE 5803 SPRING LAKE 3. Date Incorporated or Qualified 01/01/1992 2. Principal Place of Business 4. FEI Number Applied For 21 Not Applicable 26 59-3100103 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be  $\Box$ 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes ∏ No Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 ALLARD, RAYMOND G. 3605 EWELL RD. 82 LAKELAND FL 33811 83 84 City 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered office or registered lagent, 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 familial with and accept the obligations of Section 0.77, 900. Florida Statutes. SIGNATURE CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE Change 1.1 THTLE ALLARD, RAYMOND G NAME 1.2 NAME STREET ADDRESS 3605 EWELL RD 1.3 STREET ADDRESS 119 LAKELAND FL 1.4 CITY-ST-7IP CITY-ST-ZIP DELETE Change Addition TITLE **VPS** 2.1 DILE ALLARD, DEBORAH K 2.2 NAME 3605 EWELL RD STREET ADDRESS 2.3 STREET ADDRESS LAKELAND FL 2 4 CITY - \$T - 2IP City-St-ZiP DELETE Change Addition TITLE 3.1 TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-S1-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Addition Channe TITLE 6.1 TITLE 60000255623<u>5</u>

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - \$1 - ZIP

14. Thereby certify that the information supplied with this filing 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 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 13 it changes, in on any attachment with yound does. 901-601115

--06/11/98---01015---025

\*\*\*150,00

FILED