FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 28 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V52084 (3)

1. Corporation Name
ALLSTATE RAG SERVICE, INC.

Principal Place of Business	Mailing Address
9317 TARPON ROAD ODESSA FL	9317 TARPON ROAD ODESSA FL

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/15/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 18732 CRESCENT Rd.
22: Suite, Apt. #, etc.
23: City & State: ODESSA, FLORIDA
24: Zip: 33556
25: Country: USA

2a. Mailing Address
26: 18732 CRESCENT Rd.
27: Suite, Apt. #, etc.
28: City & State: ODESSA, FLORIDA
29: Zip: 33556
30: Country: USA.

4. FEI Number: 59-3134573 ☐ 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

GARRETT, HOWARD L.
3314 HENDERSON BLVD.
SUITE 208
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name: RICHARD ELLIOTT HOPE
82 Street Address (P.O. Box Number is Not Acceptable): 18732 CRESCENT Rd.
83:
84 City: ODESSA, FLORIDA FL 85 Zip Code: 33556

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: Richard E. Hope RICHARD ELLIOTT HOPE PRESIDENT 4/24/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HOPE, RICHARD P.	12 NAME	
STREET ADDRESS	9317 TARPON ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HOPE, RICHARD E.	22 NAME	
STREET ADDRESS	9317 TARPON ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Richard E. Hope RICHARD ELLIOTT HOPE 4/24/95 813 920-4341
SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR — Date — Daytime Phone #

0482444 IN