

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

DOCUMENT # 444216

(6)

1. Corporation Name

ARROW AUTOMOTIVE, INC.

Principal Place of Business

5823 UNIVERSITY BLVD.W.
JACKSONVILLE FL 32216

Mailing Address

5823 UNIVERSITY BLVD.W.
JACKSONVILLE FL 32216

APPROVED
AND
FILED

95 MAR 21 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/16/1974

3a. Date of Last Report

03/15/1994

4. FEI Number

59-1506230

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

9. Name and Address of Current Registered Agent

WARSCHOFF, BRUCE
9911 BLAKEFORD MILL ROAD
JACKSONVILLE FL 32256

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KORMAN, HOWARD I
STREET ADDRESS 4490 SOUTHSIDE BLVD
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE ST
NAME WARSCHOFF, ANITA
STREET ADDRESS 5823 UNIVERSITY BLVD W
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE PD
NAME WARSCHOFF, BRUCE
STREET ADDRESS 5823 UNIVERSITY BLVD W
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE VD
NAME WARSCHOFF, SHIRLEY
STREET ADDRESS 5823 UNIVERSITY BLVD W
CITY-ST-ZIP JACKSONVILLE, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 190.07(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:

Bruce Warschoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE WARSCHOFF

3.16.95

(904) 733-4184