

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 08 1996 8:00 am
Secretary of State

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

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WARSCHOFF, BRUCE
9911 BLAKEFORD MILL ROAD
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified

01/16/1974

3a. Date of Last Report

03/21/1995

4. FLE Number

59-1506230

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

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 607.0602 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 607.0602, Florida Statutes.

SIGNATURE

Signature of each person who is a director, officer, or shareholder of the corporation

Signature of each person who is a director, officer, or shareholder of the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
KORMAN, HOWARD I
4490 SOUTHSIDE BLVD
JACKSONVILLE, FL 00000
ST
WARSCHOFF, ANITA
5823 UNIVERSITY BLVD W
JACKSONVILLE, FL 00000
PD
WARSCHOFF, BRUCE
5823 UNIVERSITY BLVD W
JACKSONVILLE, FL 00000
VD
WARSCHOFF, SHIRLEY
5823 UNIVERSITY BLVD W
JACKSONVILLE, FL 00000

☐ DELETE
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☐ DELETE

13.
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY-STATE-ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY-STATE-ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

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 199.07(3)(a), 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 register 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 a address.

SIGNATURE: *Bruce Warchoff* BRUCE WARSCHOFF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96 (904) 737-9184

CR2E034 (12/95)