

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **479775** (9)

1. Corporation Name  
**ARCCO OF ST. LUCIE, INC.**



Principal Place of Business: P.O. BOX 12909 FT PIERCE FL 34979-9909  
Mailing Address: P.O. BOX 12909 FT PIERCE FL 34979-9909

3. Date Incorporated or Qualified: **06/27/1975**  
3a. Date of Last Report: **04/11/1995**  
4. FEI Number: **59-1608453**  
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

2. Principal Place of Business: 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

**9. Name and Address of Current Registered Agent**

**ADAMS, ALTO, JR.  
26015 ORANGE AVE  
FT PIERCE FL 33451**

**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 of the individual or registered agent and the Applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE: PD  DELETE  
NAME: ADAMS, ROBERT L.  
STREET ADDRESS: 22500 OKEECHOBEE RD  
CITY-ST-ZIP: FT. PIERCE FL

TITLE: VD  DELETE  
NAME: HARRISON, PETER W.  
STREET ADDRESS: 8815 ANGLE ROAD  
CITY-ST-ZIP: FT. PIERCE FL

TITLE: ST  DELETE  
NAME: SKAGGS, J. R.  
STREET ADDRESS: 1301 YORK AVE  
CITY-ST-ZIP: FT. PIERCE FL

TITLE: D  DELETE  
NAME: ADAMS, DOROTHY S.  
STREET ADDRESS: 26015 ORANGE AVE  
CITY-ST-ZIP: FT. PIERCE FL

TITLE: D  DELETE  
NAME: ADAMS, ALTO L., JR.  
STREET ADDRESS: 26015 ORANGE AVE  
CITY-ST-ZIP: FT. PIERCE FL

TITLE: D  DELETE  
NAME: ADAMS, MICHAEL L.  
STREET ADDRESS: 25501 ORANGE AVE  
CITY-ST-ZIP: FT. PIERCE FL

**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 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 Book 12 or Block 13 if checked on an attachment with an address.

SIGNATURE: *Michael L. Adams*  
MICHAEL L. ADAMS, DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)