

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **560343** (6)

1. Corporation Name:

ARLINGTON AUTO SALES, INC.

95 APR 18 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**9027 ATLANTIC BLVD
JACKSONVILLE FL 32211**

Mailing Address

**9027 ATLANTIC BLVD
JACKSONVILLE FL 32211**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/23/1978** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-1799883** 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**

7. This corporation has liability for intangible tax under C. 100.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**SUTTON, CRAIG
1815 FIRST ST.
JACKSONVILLE FL 32250**

10. Name and Address of New Registered Agent

81 Name **Sutton, Craig**
82 Street Address (P.O. Box Number Not Acceptable) **1746 Beach Av.**
83
84 City **Atlantic Beach** FL 85 Zip Code **32250**

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 607.0509, Florida Statutes.

SIGNATURE

[Signature]

President

2/17/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SUTTON, ANTONETTES
STREET ADDRESS	6135 HYDE PARK CIRCLE
CITY ST ZIP	JACKSONVILLE FL
TITLE	VPS
NAME	SUTTON, CRAIG
STREET ADDRESS	1815 FIRST ST.
CITY ST ZIP	JACKSONVILLE BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	Delete
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	P/S/D
23 STREET ADDRESS	Sutton, Craig
24 CITY ST ZIP	1746 Beach Av.
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	Atlantic Beach, FL 32250
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

2/17/95
DATE

908-244-0444
TELEPHONE