


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90163 009 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000002375

1. Corporation Name
ARC TARPON SPRINGS, INC.

Principal Place of Business 111 WESTWOOD PLACE., #402 BRENTWOOD TN 37027	Mailing Address 111 WESTWOOD PLACE., #402 BRENTWOOD TN 37027
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/05/1997	
4. FEI Number APPLIED FOR 62-1689050	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 526 E. PARK AVE.
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	SHERIFF, W E	
STREET ADDRESS	111 WESTWOOD PLACE., #402	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	EVCD	<input type="checkbox"/> DELETE
NAME	KAESTNER, H T	
STREET ADDRESS	111 WESTWOOD PLACE., #402	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	EVD	<input type="checkbox"/> DELETE
NAME	MONEY, JAMES T	
STREET ADDRESS	111 WESTWOOD PLACE., #402	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	VDFC	<input type="checkbox"/> DELETE
NAME	HICKS, GEORGE T	
STREET ADDRESS	111 WESTWOOD PLACE., #402	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	SVPO	<input type="checkbox"/> DELETE
NAME	DOWNS, TOM	
STREET ADDRESS	111 WESTWOOD PLACE., #402	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	CPM	<input type="checkbox"/> DELETE
NAME	MCKNIGHT, LEE	
STREET ADDRESS	111 WESTWOOD PLACE., #402	
CITY-ST-ZIP	BRENTWOOD TN 37027	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 2-2-99 Date 615 221 2260 Daytime Phone #

CR2E034 (1/198)