

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

000184

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005515 (9)
 1. Corporation Name
ARLINGTON ALL SPORTS, INC.



Principal Place of Business 4380 OAK BAY DR. JACKSONVILLE FL 32277	Mailing Address 4380 OAK BAY DR. JACKSONVILLE FL 32277
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3. Date Incorporated or Qualified 10/25/1996		
4. FEI Number 59-3406403	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 5449 GLORIANNE DR	Suite, Apt. #, etc. 5449 GLORIANNE DRIVE
City & State JACKSONVILLE, FLORIDA	City & State JACKSONVILLE, Florida
Zip 32207	Country USA

9. Name and Address of Current Registered Agent
MAYS, GEORGE
4380 OAK BAY DR.
JACKSONVILLE FL 32277

10. Name and Address of New Registered Agent
 81 Name **Jesse Reid**
 82 Street Address (P.O. Box Number is Not Acceptable)
5449 GLORIANNE DRIVE
 83 **J**
 84 City **Jacksonville** FL 85 Zip Code **32207**

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Jesse Reid* **JESSE REID, DP** DATE **7/2/98**

12. OFFICERS AND DIRECTORS		
TITLE DP	<input checked="" type="checkbox"/> DELETE	
NAME MAYS, GEORGE		
STREET ADDRESS 4380 OAK BAY DR.		
CITY-ST-ZIP JACKSONVILLE FL 32277		
TITLE DV	<input checked="" type="checkbox"/> DELETE	
NAME REID, JESSE		
STREET ADDRESS 5449 GLORIANNE DR.		
CITY-ST-ZIP JACKSONVILLE FL 32207		
TITLE DV	<input checked="" type="checkbox"/> DELETE	
NAME LOYCHE, RONALD		
STREET ADDRESS 13549 MT. PLEASANT RD.		
CITY-ST-ZIP JACKSONVILLE FL 32225		
TITLE DS	<input checked="" type="checkbox"/> DELETE	
NAME REID, PAT		
STREET ADDRESS 5449 GLORIANNE DR.		
CITY-ST-ZIP JACKSONVILLE FL 32207		
TITLE DT	<input checked="" type="checkbox"/> DELETE	
NAME PILLSBURY, CAROLYN		
STREET ADDRESS 4309 MAYWOOD DR.		
CITY-ST-ZIP JACKSONVILLE FL 32277		
TITLE	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME REID, JESSE		
1.3 STREET ADDRESS 5449 GLORIANNE DRIVE		
1.4 CITY-ST-ZIP JACKSONVILLE, FLORIDA 32207		
2.1 TITLE DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME Pillsbury, Kenneth		
2.3 STREET ADDRESS 4309 MAYWOOD DR		
2.4 CITY-ST-ZIP Jacksonville, Florida 32277		
3.1 TITLE DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME Petry, Lynn		
3.3 STREET ADDRESS 5449 447 LAZY MEADOW DR E		
3.4 CITY-ST-ZIP JACKSONVILLE, FLORIDA 32225		
4.1 TITLE DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.2 NAME SHERRY JENKINS		
4.3 STREET ADDRESS 3443 Cullendon LANE		
4.4 CITY-ST-ZIP JACKSONVILLE, FLORIDA 32225		
5.1 TITLE DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.2 NAME GORDON, NANCY		
5.3 STREET ADDRESS 1935 BRISTA DE MAR CIRCLE		
5.4 CITY-ST-ZIP ATLANTIC BEACH, FLORIDA 32233		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jesse Reid* **JESSE REID, DP** DATE **904-**

CR2E037 (5/98)