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Apr 18 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P94000004229 (8)

1. Corporation Name

ARCADIA MANAGEMENT CORPORATION



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| Principal Place of Business 4000 KINGSTON TERRACE SARASOTA FL 34238 US | Mailing Address 4000 KINGSTON TERRACE SARASOTA FL 34238-2632 US |
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|---|--|---|---------------------------------------|-----------------------------|-------------------------------|---|---|--|
| 2. Principal Place of Business 21 1800 Second St. Suite, Apt. #, etc. 22 Suite #758 City & State 23 Sarasota, FL Zip 24 34236 Country 25 USA | 2a. Mailing Address 26 1800 Second St. Suite, Apt. #, etc. 27 Suite #758 City & State 28 Sarasota, FL Zip 29 34236 Country 30 USA | 3. Date Incorporated or Qualified 01/19/1994 | 3a. Date of Last Report 02/21/1996 | 4. FEI Number 65-0459936 | Applied For Not Applicable | 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 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---|---------------------------------------|-----------------------------|-------------------------------|---|---|--|

9. Name and Address of Current Registered Agent

GAUSE, W P JR
1717 2ND STREET
SUITE G
SARASOTA FL 34238

10. Name and Address of New Registered Agent

| | | | | | |
|----------------------------------|---|----|----------------------|-------|----------------------|
| 81 Name Richard D. Saba, Esq. | 82 Street Address (P.O. Box Number is Not Acceptable) 2033 Main Street Suite 303 | 83 | 84 City Sarasota, | 85 FL | 86 Zip Code 34237 |
|----------------------------------|---|----|----------------------|-------|----------------------|

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 Richard D. Saba, Attorney RICHARD D. SABA 4/14/97
Signer is: ☒ Registered Agent ☐ Registered Agent signature required when reinstating

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KALYVAS, JAMES T 4000 KINGSTON TERRACE SARASOTA FL | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | D.P. Anthony R. DiRosario 4359 Bowling Green Circle Sarasota, Florida 34233 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do 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.

SIGNATURE: Anthony R. DiRosario April 10, 1997 941 366 0199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)