SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **L12738** **(5)**

1. Corporation Name
ARNHOFF, INC.

Principal Place of Business	Mailing Address
4100 TALL TREES LANE **ST. AUGUSINE FL 32086**	**4100 TALL TREES LANE** **ST. AUGUSINE FL 32086**

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

3. Date Incorporated or Qualified **08/31/1989**	3a. Date of Last Report **02/28/1995**
4. FEI Number **59-2967802**	☐ 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
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

PELLICER, CHARLES E.
28 CORDOVA STREET
ST. AUGUSTINE FL 32084

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, JEFF		12 NAME	
STREET ADDRESS	65 LEMON STREET		13 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL		14 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, JENNIFER		22 NAME	
STREET ADDRESS	65 LEMON STREET		23 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL		24 CITY-ST-ZIP	
TITLE	VD	☑ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	HOFF, LISA		32 NAME	
STREET ADDRESS	4100 TALL TREES LN		33 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL		34 CITY-ST-ZIP	
TITLE	TD	☑ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	HOFF, RANDY		42 NAME	
STREET ADDRESS	4100 TALL TREES LN		43 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/10/96 904 829-6920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #