

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 277226

1. Corporation Name
ARNOLD - BRYANT, INC.

Principal Place of Business

9500 KOGER BLVD., SUITE 207
ST. PETERSBURG FL 33702
US

Mailing Address

9500 KOGER BLVD., SUITE 207
ST. PETERSBURG FL 33702
US

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90051 025 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1964

4. FEI Number

59-1160935

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 5725 Corporate Way

Suite, Apt. #, etc.

22 Suite 205

City & State

23 West Palm Beach, FL

Zip Country

24 33407

25 USA

2a. Mailing Address

26 5725 Corporate Way

Suite, Apt. #, etc.

27 Suite 205

City & State

28 West Palm Beach, FL

Zip Country

29 33407

30 USA

9. Name and Address of Current Registered Agent

ARNOLD, J NOBLE
9500 KOGER BLVD., SUITE 207
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name

Christopher Franklin

82 Street Address (P.O. Box Number is Not Acceptable)

5725 Corporate Way, Suite 205

83

84 City West Palm Beach

FL

85 Zip Code
33407

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

Christopher Franklin

Christopher Franklin, Vice President

1/25/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ARNOLD, J. N
STREET ADDRESS 9500 KOGER BLVD. #207
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ DELETE

NAME BRYANT, WILLIAM J
STREET ADDRESS 6475 1ST AVE. NORTH
CITY-ST-ZIP ST PETERSBURG FL 33702

TITLE ☒ DELETE

NAME ARNOLD, NANCY D
STREET ADDRESS 9500 KOGER BLVD. #207
CITY-ST-ZIP ST PETERSBURG FL 33702

TITLE ☐ DELETE

NAME FRANKLIN, CHRISTOPHER G.
STREET ADDRESS 2402 HEATHER RUN CIRCLE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 312 Eagleton Golf Drive
1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME Lisa A. Franklin
5.3 STREET ADDRESS 2402 Heather Run Circle
5.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418

6.1 TITLE ☐ Change ☐ 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: *Christopher Franklin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99 (561) 687-1090
Date Daytime Phone #