

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 16 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 308752 (5)

1. Corporation Name  
ARDA INC

Principal Place of Business  
6001 66TH STREET NORTH  
PINELLAS PARK FL 33565  
US

Mailing Address  
6401 9TH STREET NORTH  
ST PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/06/1966  
3a. Date of Last Report 04/05/1994

4. FEI Number 59-1151348  
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

2. Principal Place of Business  
21 8001 66th STREET NORTH  
Suite, Apt. #, etc.

2a. Mailing Address  
26 Suite, Apt. #, etc.

22 City & State  
23 PINELLAS PARK, FL

27 City & State  
28

24 Zip 33565 Country PINELLAS  
25 29 30

9. Name and Address of Current Registered Agent

DANIELS, THOMAS B JR.  
6401 9TH STREET NORTH  
ST. PETERSBURG FL 33702

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

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

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME WOLFSON, BERNARD B  
STREET ADDRESS 6401 9TH ST NO  
CITY - ST - ZIP ST PETERSBURG, FL 00000

TITLE STD  
NAME DUQUETTE, FRANCIS D  
STREET ADDRESS 6401 9TH STREET NORTH  
CITY - ST - ZIP ST. PETERSBURG FL

TITLE D  
NAME MCMILLAN, RONALD L  
STREET ADDRESS 6401 9TH STREET NORTH  
CITY - ST - ZIP ST. PETERSBURG FL

TITLE PD  
NAME DANIELS JR, THOMAS B  
STREET ADDRESS 6401 9TH ST NO  
CITY - ST - ZIP ST PETERSBURG, FL 00000

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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

1.4 CITY - ST - ZIP

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

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report. (If an attach report with an address.

SIGNATURE:

RONALD L. MCMILLAN

2/20/95 (813)525-1564

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #