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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 PM 4:22

DOCUMENT # **438084** **(6)**

1. Corporation Name
MARK C. ARNOLD CONSTRUCTION COMPANY

Principal Place of Business	Mailing Address
~~845 SUNSHINE LN~~ ALTAMONTE SPRINGS FL ~~32714~~	~~845 SUNSHINE LN~~ ALTAMONTE SPRINGS FL ~~32714~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/15/1973**
3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc. P.O. Box 161239	27 Suite, Apt. #, etc. P.O. Box 161239
23 City & State Altamonte Springs, FL	28 City & State Altamonte Springs FL
24 Zip 32716-1239 25 County USA	29 Zip 32716-1239 30 County USA

4. FEI Number: **59-1489719** ☐ 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	10. Name and Address of New Registered Agent
ARNOLD, MARK C ~~845 SUNSHINE LANE~~ ALTAMONTE SPRINGS, FL ~~32714~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 217 Boston Avenue 83 84 City Altamonte Spring FL 85 Zip Code 32701

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	ARNOLD, MARK C.	1.2 NAME	
STREET ADDRESS	845 SUNSHINE LN	1.3 STREET ADDRESS	217 Boston Avenue
CITY-ST-ZIP	ALTAMONTE SPGS FL	1.4 CITY-ST-ZIP	Altamonte Spring FL 32701
TITLE	S	2.1 TITLE	☒ Change ☐ Addition
NAME	ARNOLD, KATHLEEN B.	2.2 NAME	
STREET ADDRESS	845 SUNSHINE LN	2.3 STREET ADDRESS	217 Boston Avenue
CITY-ST-ZIP	ALTAMONTE SPGS FL	2.4 CITY-ST-ZIP	Altamonte Spring FL 32701
TITLE	V	3.1 TITLE	☒ Change ☐ Addition
NAME	HAYCOOK, DENNIS	3.2 NAME	
STREET ADDRESS	845 SUNSHINE LN	3.3 STREET ADDRESS	217 Boston Avenue
CITY-ST-ZIP	ALTAMONTE SPGS FL	3.4 CITY-ST-ZIP	Altamonte Spring FL 32701
TITLE	V	4.1 TITLE	☒ Change ☐ Addition
NAME	DIAMOND, STEPHEN D	4.2 NAME	
STREET ADDRESS	845 SUNSHINE LN	4.3 STREET ADDRESS	217 Boston Avenue
CITY-ST-ZIP	ALTAMONTE SPGS FL	4.4 CITY-ST-ZIP	Altamonte Spring FL 32701
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Mark C. Arnold 2/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038744 CP