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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 449137

ARNOLD MOTOR COMPANY. INC.

Principal Place of Business	Mailing Address
1608 S KANNER HWY	710 SAINT LUCIE CRESCENT
STLIART FL 34994	STUART FL 34994

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90030 043 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/22/1974 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1517748 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required-27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DUNGEY, (RICHARD J.) Street Address (P.O. Box Number is Not Acceptable) 82 1001 S. FEDERAL HIGHWAY STUART FL 34994 83 Zip Code City 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, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS DELETE ☐ Change 1.1 TITLE TITLE ARNOLD, LINDA O. 1.2 NAME NAME 1608 S KANNER HWY 1.3 STREET ADDRESS STREET ADDRESS STUART FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TITLE PD TITLE ARNOLD, MELVIN D. JR. 2.2 NAME NAME 1608 S KANNER HWY STREET ADDRESS 2.3 STREET ADDRESS STUART FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C/TY-ST-Z/P CITY-ST-ZIP Addition 6.1 TITLE Change me DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP 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 attacpment with an address, with all other like empowered.

CR2E034 (11/98)