

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **479775** (9)

1. Corporation Name

ARCCO OF ST. LUCIE, INC.



Principal Place of Business

Mailing Address

P.O. BOX 12909
FT PIERCE FL 34979-9909

P.O. BOX 12909
FT PIERCE FL 34979-9909

| | |
|---|--|
| 3. Date Incorporated or Qualified 06/27/1975 | 3a. Date of Last Report 04/11/1995 |
| 4. FEI Number 59-1608453 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ADAMS, ALTO, JR.
26015 ORANGE AVE
FT PIERCE FL 33451**

| |
|---|
| 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 Type for principal or registered agent and fee Application

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ADAMS, ROBERT L. | 1.2 NAME | |
| STREET ADDRESS | 22500 OKEECHOBEE RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. PIERCE FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARRISON, PETER W. | 2.2 NAME | |
| STREET ADDRESS | 8815 ANGLE ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. PIERCE FL | 2.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SKAGGS, J. R. | 3.2 NAME | |
| STREET ADDRESS | 1301 YORK AVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. PIERCE FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ADAMS, DOROTHY S. | 4.2 NAME | |
| STREET ADDRESS | 26015 ORANGE AVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. PIERCE FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ADAMS, ALTO L., JR. | 5.2 NAME | |
| STREET ADDRESS | 26015 ORANGE AVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. PIERCE FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ADAMS, MICHAEL L. | 6.2 NAME | |
| STREET ADDRESS | 25501 ORANGE AVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. PIERCE FL | 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 Book 12 or Book 13 if changed, or on an attachment with an address.

MICHAEL L. ADAMS, DIRECTOR

SIGNATURE: *Michael L. Adams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)