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Jan 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address  
P.O. BOX 12909  
FT PIERCE FL 34979-2909



|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified<br>06/27/1975  | 3a. Date of Last Report<br>01/23/1996 |
| 4. FEI Number<br>59-1608453  | Applied For<br>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 Country             |
| 24                             | 25                     |
| 29                             | 30                     |

|   |   |
|---|---|
| 9. Name and Address of Current Registered Agent<br>ADAMS, ALTO, JR.<br>28015 ORANGE AVE<br>FT PIERCE FL 33451 | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |  |
|--|--|
| 12. OFFICERS AND DIRECTORS   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |
| TITLE PD<br>NAME ADAMS, ROBERT L.<br>STREET ADDRESS 22500 OKEECHOBEE RD<br>CITY-ST-ZIP FT. PIERCE FL | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP |
| TITLE VD<br>NAME HARRISON, PETER W.<br>STREET ADDRESS 8815 ANGLE ROAD<br>CITY-ST-ZIP FT. PIERCE FL   | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP |
| TITLE ST<br>NAME SKAGGS, J. R.<br>STREET ADDRESS 1301 YORK AVE<br>CITY-ST-ZIP FT. PIERCE FL          | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP |
| TITLE D<br>NAME ADAMS, DOROTHY S.<br>STREET ADDRESS 28015 ORANGE AVE<br>CITY-ST-ZIP FT. PIERCE FL    | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP |
| TITLE D<br>NAME ADAMS, ALTO L., JR.<br>STREET ADDRESS 28015 ORANGE AVE<br>CITY-ST-ZIP FT. PIERCE FL  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP |
| TITLE D<br>NAME ADMAS, MICHAEL L.<br>STREET ADDRESS 25501 ORANGE AVE<br>CITY-ST-ZIP FT. PIERCE FL    | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP |

14. I do 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 listed above, or on an attachment with an address.

SIGNATURE: Michael L. Adams 1/6/97 (561)461-6321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)