FILE NOW: FILING FEE AFTER MAY 1 IS $2[illegible]5.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mort[illegible]n
Secretary of Sta[illegible]
DIVISION OF CORPO[illegible]TIONS

DOCUMENT # **484559** **(0)**

1. Corporation Name

C.C. ARNOLD ENTERPRISES INC. FL

Principal Place of Business	Mailing Address
8450 S.FED HWY 8450 PORT ST. LUCIE FL 34952	8450 S.FED HWY 8450 PORT ST. LUCIE FL 34952

2. Principal Place of Business	2a. Mailing Address
21 8450 S. Fed. Hwy	26 SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 ~~Pt. St. Lucie, Fla~~	27 SAME
City & State	City & State
23 PT. ST. LUCIE, FL	28 SAME
Zip / Country	Zip / Country
24 34952 / 25 USA	29 SAME / 30 SAME

3. Date Incorporated or Qualified: **09/16/1975**
3a. Date of Last Report: **01/20/1995**
4. FEI Number: **59-1633069** ☐ 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

ARNOLD, CLARENCE C
8450 SOUTH FEDERAL HWY
PORT ST. LUCIE FL 34952

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 [illegible] DATE
Signature, type or print name of registered agent and title, if applicable (NOTE: Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	ARNOLD, CLARENCE C	
STREET ADDRESS	1044 NW SPRUCE RIDGE DR	
CITY-ST-ZIP	STUART FL	
TITLE	D	☐ DELETE
NAME	ARNOLD, HILMA J	
STREET ADDRESS	1044 NW SPRUCE RIDGE DR	
CITY-ST-ZIP	STUART FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TLE	☐ Change ☐ Addition
12 ME	
13 EET ADDRESS	
14 - ST-ZIP	
21 E	☐ Change ☐ Addition
22 ME	
23 EET ADDRESS	
24 - ST-ZIP	
31 LE	☐ Change ☐ Addition
32 E	
33 EET ADDRESS	
34 - ST-ZIP	
41 E	☐ Change ☐ Addition
42 E	
43 ET ADDRESS	
44 - ST-ZIP	
51	☐ Change ☐ Addition
52	
53 ET ADDRESS	
54 - ST-ZIP	
61	☐ Change ☐ Addition
62	
63 ET ADDRESS	
64 - ST-ZIP	

CR2E034 (12/95)

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 if changed, or on an attachment with an address.

SIGNATURE: Clarence C. Arnold - CLARENCE C. ARNOLD 1-10-96 (407) 871-6306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #