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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 484559

C.C. ARNOLD ENTERPRISES INC. FL

FILED Jan 21, 1999 8:00am Secretary of State 01-21-1999 90007 022 ***150.00



Principal Place of Business Mailing Address						Treem alon into along man			(B)) 8:80 (80)
8450 S.FED HWY 8450 S.FED HWY			D HWY			}			
PORT ST. LUCIE FL 34952 US		8450 PORT ST	PORT ST. LUCIE FL 34952			DO NOT WRITE IN THIS SPACE			
			20012 12 01002			3. Date Incorporated or Qualifed			
						09/16/1975			
2. Principal f	Place of Business	2a. Mailit	ng Address			4. FEI Number		Apı	plied For
21		26				<u>59-1633069</u>		No	t Applicable
Suite, Apt.	. #, etc.	Suite	, Apt. #, etc.			5. Certifcate of Status Desired	□ \$8	.75 A	dditional
22		27				3. Certificate of Status Desired	F	ee Re	quired
City & Sta	te	City	& State			6. Election Campaign Financing	\$	5.00	May Be
23		28				Trust Fund Contribution	<u>A</u>	dded to	o Fees
Zip	Country	Zip		Country	1	8. This corporation owes the cu			
24	25 -	29		30		Personal Property Tax.	□Ye		□No
	9. Name and Address of Curre		Agent		т	10. Name and Address of New	Registered Agent		
ADM	IOLD, CLARENCE C	T¥		81	Name				
C.C. OAK	SOUTH FEDERAL HWY	:71		82	Street Add	dress (P.O. Box Number is Not Accep	table)		
	T ST. LUCIE FL 34952					<u> </u>	<u> </u>		
POR	11 51. LUCIE FL 34932			83				4	
				84	City		85	Zip C	ode
BACK C 250 10				•) Oily	•	FL "	Zip O	,,,,,,
11. Pursuant	to the provisions of Sections 607.05	02 and 607.150	8, Florida Statute	es, the abov	e-named cor	rporation submits this statement for the tion's board of directors. I hereby acce	e purpose of chang	ing its	registered
	redistered adent of notic in the State						edt the abbointmen	asrec	
tio agent. La	m familiar with, and accept the oblig	ations of Section	on 607.0505, Flo	rida Statutes	r ine corpora: S.	tions board of directors. Thereby acce	F . W. + - P F	_	jistereu .
tili agent. La	am familiar with, and accept the oblig	ations of, Section	on 607.0505, Flor	rida Statutes	the corporat	aron's social of directors. Thereby according			jistereu .
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tili agent. La	am familiar with, and accept the oblig Signature, typed or printed name of registered age OFFICERS A	ations of, Section	on 607.0505, Flor ble. (NOTE: S	rida Statutes	S.		DATE FFICERS AND DIR	ECTO	RS IN 12
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signature 12.	Signature, typed or printed name of registered age OFFICERS A PD ARNOLD, CLARENCE C	ations of, Section of the section of	on 607.0505, Flor ble. (NOTE: S	Registered Age	S.	red when reinstating):	DATE FFICERS AND DIR	ECTO	RS IN 12
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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 flequired 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 with all other like empowered.

SIGNATURE: CIARE

CITY-ST-ZIP