

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 622043 (8)

1. Corporation Name

A.D. ARNOLD CONSTRUCTION COMPANY



Principal Place of Business

Mailing Address

2929 WADSWORTH AVE.
P.O. BOX 561240
ORLANDO FL 32856

2929 WADSWORTH AVE.
P.O. BOX 561240
ORLANDO FL 32856

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ARNOLD, ALTON D JR
2929 WADSWORTH AVE.
ORLANDO FL 32806

3. Date Incorporated or Qualified

05/16/1979

3a. Date of Last Report

02/14/1995

4. FEI Number

59-1916139

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

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

Signature of the person authorized to register agent and that of the corporation

(Initials) Registered Agent Signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

12.1	NAME	STREET ADDRESS	CITY-STATE-ZIP	12.2	NAME	STREET ADDRESS	CITY-STATE-ZIP
1	PV	ARNOLD, ALTON D JR	313 OAK ESTATES DR.	ORLANDO FL			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	NAME	STREET ADDRESS	CITY-STATE-ZIP	13.2	NAME	STREET ADDRESS	CITY-STATE-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 Block 12 or Block 13 or is changed on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Alton D. Arnold, President

2/1/96

407-422-8444

CR2E034 (12/95)