## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 688156 1. Corporation Name

ARNOLD & ASSOCIATES REALTY CORP.

Principal Place of Business

Mailing Address

## **FILED** Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90100 024 \*\*\*150.00



P.O. BOX 270852 P.O. BOX 270852 TAMPA FL 33688			DO NOT WRITE IN THIS SPACE						
			Date Incorporated or Qualifed     09/01/1980						
2a. Mailing Address			4. FEI Number		Applied For				
6			59-2137809	$\Box$	Not Applicable				
Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required					
City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees					
Zip Country			This corporation owes the current year Into Personal Property Tax.	angible Yes	₽No				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
	81	Name			_				
ARNOLD, RICHARD W 6450 W HILLSBOROUGH AVE TAMPA FL 33618			Street Address (P.O. Box Number is Not Acceptable)						
	83								
	84	City	FL		ip Code				
- F	, etc.	Country 30 81 82 83	Country 30 81 Name 82 Street Addre 83 84 City	DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed 09/01/1980  4. FEI Number 59-2137809  5. Certificate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  Country  8. This corporation owes the current year into Personal Property Tax.  10. Name and Address of New Registered  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 09/01/1980  4. FEI Number 59-2137809  5. Certificate of Status Desired \$8.7 Fee  6. Election Campaign Financing Trust Fund Contribution Add  Country  8. This corporation owes the current year Intangible Personal Property Tax. Yes  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 Z				

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, typed or printed name of registered agent and title if applicable.	(NOTE: R	egistered Agent signature re	autred when reinstating)	DATE	<del></del>	
12.	OFFICERS AND DIRECTORS	pro-C. IX	13.	ADDITIONS/CHANG		AND DIRECTOR	RS IN 12
TITLE	VPS	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	ARNOLD, GALE D		1.2 NAME				
STREET ADDRESS	6450 W HILLSBOROUGH AVE		1.3 STREET ADDRESS				,
CITY-ST-ZIP	TAMPA, FL 00000		1.4 CITY-ST-ZIP				
TITLE	PT	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	ARNOLD, RICHARD W		2.2 NAME	•			
STREET ADDRESS	6450 W HILLSBOROUGH AVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 00000		2.4 CITY-ST-ZIP				
TMLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	<del>-</del>		. 3.2 NAME	•			
STREET ADDRESS			3.3 STREET ADDRESS				
CTTY-ST-ZIP			3.4. CITY-ST-ZIP				
πιE		DELETE	4.1 TITLE			Change	☐ Addition
NAME		1	4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP			~*~	
TITLE	- <u>-</u>	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME		'	5.2 NAME		· ' .		
STREET ADDRESS	•		5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME		-		Ì
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZiP			6.4 CITY-ST-ZIP				

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 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, with all other like empowered.

SIGNATURE:

