

FILE NOW: FILING FEE IS \$61.25

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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745732** (8)

1. Corporation Name

ARC PROPERTIES OF OKALOOSA COUNTY, INC.



Principal Place of Business 123 TRUXTON AVE FT. WALTON BEACH FL 32547 US	Mailing Address P. O. BOX 2350 FT. WALTON BEACH FL 32549 US
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3. Date Incorporated or Qualified

01/26/1979

4. FEI Number

59-2516319

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

g. Name and Address of Current Registered Agent

**MILLER, DAVID O
123 TRUXTON AVENUE
FT. WALTON BCH. FL 32547**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

David O. Miller
Signature, typed or printed name of registered agent and title if applicable

David O. Miller, CEO

26 March 1998

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANGELO, JAMES	
STREET ADDRESS	95 READY AVENUE NE #E-8	
CITY-ST-ZIP	FT. WALTON BCH FL	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, LARRY	
STREET ADDRESS	3957 INDIAN TRAIL	
CITY-ST-ZIP	DESTIN FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HENDERSON, WILLIAM A. JR	
STREET ADDRESS	909 MAR WALT DR 1021	
CITY-ST-ZIP	FT. WALTON BEACH FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Angelo, James	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE	Richard Estes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	649 NE Powell Drive	
2.3 STREET ADDRESS	FT. WALTON BCH FL 32541	
2.4 CITY-ST-ZIP		

3.1 TITLE	Kathleen A. Pritchard	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	512 Osceola Drive	
3.3 STREET ADDRESS	Destin FL 32541	
3.4 CITY-ST-ZIP		

4.1 TITLE	Ellen Holt	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	1158 Muirfield Way	
4.3 STREET ADDRESS	Niceville FL 32578	
4.4 CITY-ST-ZIP		

5.1 TITLE	Jan Pooley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	2805 Jerry Pate Court	
5.3 STREET ADDRESS	Shalimar, FL 32579	
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard Estes

S. Richard Estes, Director

26 March 1998

850-865-1550 RFS

CR037 (1097)