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

CITY-ST-ZIP

FILED PROFIT Apr 30 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT #
1. Corporation Name (0) A R S ARENA AND FEEDLOT INC. Principal Place of Business Mailing Address 13704 FRUITVILLE RD. 13704 FRUITVILLE RD. SARASOTA FL 34240 SARASOTA FL 34240 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/18/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-2152515 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current/ear Intangible 24 Yes ☐ No 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MURPHY, MICHAEL R 13704 FRUITVHLE RD. 82 Street Address (P.O. Box Number is Not Acceptable) **SARASOTA FL 34240** 83 84 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 lamiliar 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: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition 1.1 TITLE Secretary/Treasurer MURPHY, MICHAEL R 1.2 NAME Christina L. Schook 13704 FRUITVILLE RD. STREET ADDRESS 1.3 STREET ADDRESS 13704 fruitville Road \$ARASOTA, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP Sarasota, Florida 34249 Change DELETE TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME **STREET ADDRESS** 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 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 recoiver 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 attackment with an address.