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

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90085 037 ***150.00

DOCUMENT #	F40785
1 Corporation Name	0.00

A R S ARENA AND FEEDLOT INC.

Principal Place of Business

13704 FRUITVILLE RD.

Mailing Address

13704 FRUITVILLE RD.

SARASOTA FL 34240		SARASOTA FL 34240			DO NOT WRITE IN THIS SPACE				
						3.	Date Incorporated or Qualifed 08/18/1981		
2.	Principal Place of Business	2a	. Mailing Address			4.	FEI Number	L	Applied For
21		26					5 9- 2152515		Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5.	Certifcate of Status Desired		75 Additional ee Required
23	City & State	28	City & State			6.	Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
24	Zip Country	29	Zip Co	untry		8.	This corporation owes the current year I Personal Property Tax.	ntangible Yes	
	9. Name and Address of Curre	nt Regi	stered Agent			10.	Name and Address of New Registere	d Agent	
	MURPHY, MICHAEL R			81	Name				
	13704 FRUITVILE RD.			82	Street Addre	ss (F	O. Box Number is Not Acceptable)		
	SARASOTA FL 34240			83	 -		· · · · · · · · · · · · · · · · · · ·		
				84	City		F	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, typed or printed name of registered agent and title if applicable.	(NOTE: Reg	istered Agent signature re	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DE	ELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MURPHY, MICHAEL R		1.2 NAME	
STREET ADDRESS	13704 FRUITVILLE RD.	1	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000		1.4 CITY-ST-ZIP	
TITLE	ST DE	ELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHOOK, CHRISTINA L		2.2 NAME	·
STREET ADDRESS	13704 FRUITVILLE ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34240		2. 4 CITY-ST-ZIP	
TITUE -		ELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE] DE	ELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	,
STREET ADDRESS			4.3 STREET ADDRESS	
СЛY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE .	DI	ELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		5.4 CITY-ST-ZIP	
TITLE		ELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	<u>,</u>
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 opporation of 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: