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PROFIT CORPORATION ANNUAL REPORT



appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 02 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # F9300001044 (7)

ARROWHEAD MAINTENANCE, INC.

Principal Place of Business Mailing Address 1177 PARK AVE., #5-200 ORANGE PARK FL 32073-4123 1177 PARK AVE. #5-200 **ORANGE PARK FL 32073** 3a. Date of Last Report 3. Date Incorporated or Qualified 02/19/1993 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3159301 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Ζip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No **Horida Statutos** 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MOULTON, EDIE D 661 BLANDING BLVD. Street Address (P.O. Box Number is Not Acceptable) #345 83 **ORANGE PARK FL 32073** 84 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. a manual registered agent and title if applicable SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6)12. 13. Change DELETE TITLE 1111111 MOULTON, EDIE D NAME 1.P NAME 661 BLANDING BLVD.,#345 STREET ADDRESS 1.B STREET ADDRESS **ORANGE PARK FL 32073** 1 # CITY - S1 - 7IP CITY-ST-ZIP DELETE Change Addition TITLE 2 h 311LE 22 NAME NAME STREET ADDRESS 2B STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-7/P DELETE Change Addition TITLE 3.1 DTLE NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TO LE TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition 5.1 TITLE TITLE 5,2 NAME NAME STREET ADDRESS 5/3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY- \$1 - 719 DELETE Change Addition TITLE 611IILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

MATURE SA DA AL MINELLE GON-278-007

14. I do 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 eath; 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