## 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 # **F98000003613**1. Corporation Name

ARC SEMINOLE, INC.

Principal Place of Business											
111	WEST	woon	PLACE	CHITE	۵ſ						

Mailing Address

## **FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90163 008 \*\*\*150.00



111 WESTWOOD TO	D Place. Suite 402 N 37027	111 WESTWOOD PLACE. SUITE 402 BRENTWOOD TN 37027				DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed  06/24/1998	SPACE				
2. Principal Place of Business 2a.			Mailing Address				4. FEI Number		Applied		
21		26					APPLIED FOR 62-17433		Not App		
Suite, Apt. 1	#, etc.:	Suite, A	Suite, Apt. #; etc.			<del></del>	5. Certificate of Status Desired		5-Addition		
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip				Countr	ry		This corporation owes the current year Interest Personal Property Tax.	angible	□No	,	
	9. Name and Address of Current	Registered Ag	jent				10. Name and Address of New Registered	Agent			ı
				8	1 1	Name					
NRAI SERVICES, INC. 526 EAST PARK AVE.			8:	2 5	Street Addre	ess (P.O. Box Number is Not Acceptable)					
			8	3	·					1	
				8-	4 (	City	FI	85	Zip Code		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	t Florida, Such	change was author	ırızea o	iv ine	amed corpo e corporatio	oration submits this statement for the purpose of n's board of directors. I hereby accept the appo	changin intment a	g its regis is register	tered ed	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	, (NOTE: Reg	stered Ag	ent sig	gnature required	when reinstating) DATE			_	≈
12.	OFFICERS ANI			13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTORS II	V 12	ğ
TITLE	CEOD		☐ DELETE	1.1 TITLE				Cha	nge 🗌	Addition	11/08
NAME	SHERIFF, W.E.			1.2 NAME	E						7
STREET ADDRESS	111 WESTWOOD PLACE, SUITI	·		1.3 STRE	ETAD	DORESS					يا
CITY-ST-ZIP	BRENTWOOD TN 37027			1.4 CITY-	ST-ZI	IP					ģ
TITLE	PC00		☐ DELETE	2.1 TITLE	•			Cha	nge [_	Addition	١
NAME	COATES, CHRISTOPHER J 22 NA		2.2 NAME	E	]					İ	
STREET ADDRESS	111-WESTWOOD PLACE, SUITI	E 402:		.23 STRE	ETAD	DORESS -		<del></del>	<u> ئەسەجە</u>		-
CITY-ST-ZIP	BRENTWOOD TN 37027			2. 4 CITY		ZIP		-10-		1 4 4 4 4 4	ł
TITLE	EVST		☐ DELETE	3.1 TITLE				☐ Cha	inge _	Addition	
NAME	HICKS, GEORGE T			3.2 NAME		ĺ					{
STREET ADDRESS	111 WESTWOOD PLACE, SUITI	E 402		3.3 STRE							
CITY-ST-ZIP	BRENTWOOD TN 37027			3.4. CITY		ZIP		☐] Cha	nge 🗆	Addition	ł
TITLE	EVP		☐ DELETE	4.1 TITLE					ing∪ L	, soureon	
NAME	KAESTNER, H. TODD			4. 2 NAM							
STREET ADDRESS	111 WESTWOOD PLACE, SUITI	E 402		4.3 STRE							ĺ
CITY-ST-ZIP	BRENTWOOD TN 37027			4.4 CITY-		IP		Cha	700 F	Addition	{
TITLE	EVP		DELETE	5.1 TITLE 5.2 NAME					mye L.	Audition	
NAME	MONEY, JAMES T	- 400	Ī	5.3 STRE		NDDESS					
STREET ADDRESS	111 WESTWOOD PLACE, SUITI	= 402									
CITY-ST-ZIP	BRENTWOOD TN 37027		DELETE	5.4 CITY- 6.1 TITLE		ur		Cha	nge 🗆	Addition	
TITLE			L DELETE	6.2 NAME				ن در			
NAME	•			6.3 STRE		ADBESS					
STREET ADORESS				0.3 3 IKE	AU	JONESS					1

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: