

DOCUMENT # F99000001181

1. Entity Name

ARCON RESOURCES, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

03-02-2000 90099 020 ***150.00

Principal Place of Business

Mailing Address

36 WEATHERBY DR.
GREENVILLE SC 2961536 WEATHERBY DR.
GREENVILLE SC 29615-5805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

57-0752328

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE ACCESS, INC.
238 E. 6TH AVE.
TALLAHASSEE FL 32303

Name

CBA - Noel Patterson

Street Address (P.O. Box Number is Not Acceptable)

5204 Bay Club Circle

City

Tampa

FL

Zip Code

33607

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	P	PATTERSON, GENE	36 WEATHERBY DR. GREENVILLE SC 29615	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	V	PATTERSON, NOEL	124 SPIVEY GLEN DR. JONESBORO GA 30236	<input type="checkbox"/> Delete		V	Patterson, Noel	5204 Bay Club Circle Tampa, FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	S	PATTERSON, MARK	265 CRABAPPLE CHASE CT. ALPHARETTA GA 30004	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	E	PATTERSON, EDNA	36 WEATHERBY DR. GREENVILLE SC 29615	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004 1/1/01