FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H42864** **(9)**

1. Corporate Name
ARLINGTON MACHINE WORKS, INC.

Principal Place of Business
709 TALLEYRAND AVENUE
JACKSONVILLE FL 32202

Mailing Address
709 TALLEYRAND AVENUE
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/14/1985**
3a. Date of Last Report: **04/01/1994**

2. Principal Place of Business
21
2a. Mailing Address
26

Suite Apt. # etc.
22
Suite Apt. # etc.
27

City & State
23
City & State
28

Zip
24
County
25
Zip
29
County
30

4. FEI Number: **59-2505815** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. The corporation has liability for intangible tax under § 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

PROBST, ERNEST FRED, SR
709 TALLEYRAND AV<ENUE
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.0508, 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

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PROBST, ERNEST FRED, SR
STREET ADDRESS	709 TALLEYRAND AVENUE
CITY ST ZIP	JACKSONVILLE FL
TITLE	VD
NAME	PROBST, BARBARA Y.
STREET ADDRESS	709 TALLEYRAND AVENUE
CITY ST ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN '95

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY ST ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY ST ZIP

14. I hereby certify that the information supplied with this report, or amended hereunder, is true and I am aware that I am liable for the corporate statutory fee for this calendar year under Florida Statutes. I further certify that the information contained in this annual report or supplemental annual report is true and correct 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 person or persons designated to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: ERNEST F. PROBST SR. 4/27/95 904-354-1177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0014143 CP