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 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H74220** **(5)**

1. Corporate Name
ARBOR TRANSPLANTERS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1387 BOYNTON BCH. FL 33425	P.O. BOX 1387 BOYNTON BCH. FL 33425

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/03/1985**	3a. Date of Last Report: **04/29/1994**
4. FEI Number: **59-2577156**	☐ 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

21 2. Principal Place of Business
22 Suite Apt. # etc.
23 City & State
24 Zip 25 County

26 2a. Mailing Address
27 Suite Apt. # etc.
28 City & State
29 Zip 30 County

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BEAL, MARILYN
525 S. BROADWAY #C
LANTANA FL 33462

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 607.1905 and/or 1908 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 607.325 Florida Statutes.

SIGNATURE: _____ 5/02/95
(Date)
(If changing registered agent, registered agent must sign)

12. OFFICER(S) AND DIRECTOR(S)		13. ADDITIONS, CHANGES TO OFFICER AND DIRECTOR(S)	
51 Title	VD	51 Title	PRESIDENT-Reg Agt ☐ Change ☐ Addition
52 Name	HODGES, WILLIAM D.	52 Name	
53 Street Address	5796 WESTERN WAY	53 Street Address	
54 City, St, Zip	LAKE WORTH FL	54 City, St, Zip	
55 Title	PD	55 Title	Delete ☑ Change ☐ Addition
56 Name	HODGES, ANDREA L.	56 Name	
57 Street Address	5796 S. BROADWAY #C	57 Street Address	
58 City, St, Zip	LAKE WORTH FL	58 City, St, Zip	
59 Title	ST	59 Title	Delete ☑ Change ☐ Addition
60 Name	BEAL, MARILYN	60 Name	
61 Street Address	525 S. BROADWAY #C	61 Street Address	
62 City, St, Zip	LANTANA FL	62 City, St, Zip	
63 Title		63 Title	☐ Change ☐ Addition
64 Name		64 Name	
65 Street Address		65 Street Address	
66 City, St, Zip		66 City, St, Zip	
67 Title		67 Title	☐ Change ☐ Addition
68 Name		68 Name	
69 Street Address		69 Street Address	
70 City, St, Zip		70 City, St, Zip	
71 Title		71 Title	☐ Change ☐ Addition
72 Name		72 Name	
73 Street Address		73 Street Address	
74 City, St, Zip		74 City, St, Zip	

14. I/We hereby certify that the information supplied with this report is true and accurate and that this report complies with the requirements of Section 607.1905 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 added on attachment with an address.

SIGNATURE: _____ 5/02/95 407-965-2198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

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