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**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENTSTATE

Secretary of Sta

## FILED Mar 09 1998 8:00am Secretary of State

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DOCUMENT # J11421 (1) ARNOLD AGENCY, INC.						
Principal Place	of Business	Mailing Address				<b>916</b> 11 <b>9</b> 1811 1981
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919 E. ADAMS STREET 919 E. ADAMS STREET JACKSONVILLE FL 32202 JACKSONVILLE FL 322			2	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 04/28/1986		
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number		Applied For
Suite, Apt. #	Loto	26		59-2960900		Not Applicable
2		Suite, Apt. #, etc.		6. Certificate of Status Desired		5 Additional Required
City & State		City & State		6. Election Campaign Financing	\$5.0	0 May Be
23		28		Trust Fund Contribution		ed to Fees
Z <sub>IP</sub>	Country	Ζφι 1==1	Citry	8. This corporation owes or has paid the cu	urrent year	Intangible  No
*!	25 9, Name and Address of Currer	29 Agent	30	Personal Property Tax due June 30.  10. Name and Address of New Registered		LJ NO
ADM	OLD, LARUE S.	Tiogratored Agent	81 Name	III. Hallo di Calabara		
JACI	KSONVILLE FL -2210		B4 City	FI	85 Z	ip Code
	<del></del>			r i		
11. Pursuant to office or reg agent. I am	the provisions of Sections 607.050 gistered agent, or both, in the State familiar with, and accept the obligi	02 and 607:1508, Florida Statut of Florida, Such change was a ations of, Section 607.0505, Flo	es, the ove-named cor authorial by the corpora orida <b>St</b> ites.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changin pointment	g its registered as registered
SIGNATURE 51	grature, typed or puriled name of repedered age	ed and title displicable (NOT)	E Rugisti Agent algnature roqu	uired when reinslating) DATE		
SIGNATURE SI	pratise, typed or purisd name of repeticed age OFFICERS AN	ed and title displicable (NOT)				ORS IN 12
SIGNATURE 51	positive, typed or parallel name of represented age OFFICERS AN PO ARNOLD, GAMBLE	est and title et applicable (NOT DIDIRECTORS	t Rugisti Agent signature roqu	uired when reinslating) DATE	D DIRECT	ORS IN 12
SIGNATURE SI	politice, typed or jurified name of represented age OFFICERS AN PD ARNOLD, GAMBLE 4127 CHURCHWELL RD	est and title et applicable (NOT DIDIRECTORS	E Rugisti Agent signature roqu 18 1.1 LE	uired when reinslating) DATE	D DIRECT	ORS IN 12
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