


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # J43569 (9)  
1. Corporation Name  
ARCTIC SERVICES, INC.



Principal Place of Business  
451 HIGHWAY 27 NORTH  
DUNDEE FL 33838-4118

Mailing Address  
451 HIGHWAY 27 NORTH  
DUNDEE FL 33838-4118

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 451 U.S. HWY 27S Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 7 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/20/1986	
22 City & State 23 LAKE HAMILTON, FL Zip 24 33851 Country 25 USA		27 City & State 28 LAKE HAMILTON, FL Zip 29 33851 Country 30 USA		4. FEI Number 59-2745444 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROCKER, JAMES T. 1925 US HWY 17-92 NO. DAVENPORT FL 33837		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 451 US HWY 27S 83 84 City LAKE HAMILTON FL 85 Zip Code 33851	
--	--	--	--

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCKER, JAMES T.	1.2 NAME	
STREET ADDRESS	1925 US HWY 17-92 NO.	1.3 STREET ADDRESS	451 US HWY 27S
CITY-ST-ZIP	DAVENPORT FL	1.4 CITY-ST-ZIP	LAKE HAMILTON FL 33851
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCKER, KAY W.	2.2 NAME	
STREET ADDRESS	1925 US HWY 17-92 NO.	2.3 STREET ADDRESS	451 US HWY 27S
CITY-ST-ZIP	DAVENPORT FL	2.4 CITY-ST-ZIP	LAKE HAMILTON FL 33851
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

J. T. ROCKER

1/23/98

941-439-7720

CR2E034 (10/97)