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**Mar 01, 1999 8:00 am**  
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03-01-1999 90075 028 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **J77039**

1. Corporation Name  
**A. R. C. OF COCOA, INC.**



Principal Place of Business %I.C. THOMSON 4330 PEPPERTREE STREET COCOA FL 32926-2871 US	Mailing Address %I.C. THOMSON 4330 PEPPERTREE STREET COCOA FL 32926-2871 US
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DO NOT WRITE IN THIS SPACE

21 Principal Place of Business Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	25	26 Mailing Address Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	30
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3. Date Incorporated or Qualified <b>06/11/1987</b>	
4. FEI Number <b>59-2809940</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**THOMSON, I. CENTI**  
**4330 PEPPERTREE ST**  
**COCOA FL 32926**

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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE D	NAME THOMSON, I. CENTI	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 4330 PEPPERTREE ST	CITY-ST-ZIP COCOA FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P & S	NAME THOMSON, I. CENTI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME THOMSON, I. CENTI	1.3 STREET ADDRESS 4330 PEPPERTREE ST.	
1.4 CITY-ST-ZIP COCOA FL 32926-2871		
2.1 TITLE V & T	NAME THOMSON, ROBERT R.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME THOMSON, ROBERT R.	2.3 STREET ADDRESS 101 SILVER HILL LANE	
2.4 CITY-ST-ZIP COCOA FL 32926		
3.1 TITLE D	NAME THOMSON, ALAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME THOMSON, ALAN	3.3 STREET ADDRESS 4330 PEPPERTREE ST.	
3.4 CITY-ST-ZIP COCOA FL 32926-2871		
4.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		
5.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		
6.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	6.3 STREET ADDRESS	
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)(l), 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, with all other like empowered.

SIGNATURE: *I. Centi Thomson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99 407-631-4100  
 Date Daytime Phone #

CR2E034 (1/198)