

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K18982

(4)

1. Corporation Name

C. F. ARNOLD CORPORATION

Principal Place of Business

1648 OSCEOLA STREET
JACKSONVILLE FL 32204

Mailing Address

1648 OSCEOLA STREET
JACKSONVILLE FL 32204

FILED
95 JAN 27 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/24/1988	3a. Date of Last Report 02/22/1994
4. FEI Number 59-2878225	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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

O'DONNELL, JAMES D.
1648 OSCEOLA STREET
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

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

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 (if applicable)

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, CARL F.	1.2 NAME	
STREET ADDRESS	1648 OSCEOLA STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, WILLIAM S	2.2 NAME	
STREET ADDRESS	1500 NORTH ADAMS STREET	2.3 STREET ADDRESS	2400 Riverfront Drive, #628
CITY-ST-ZIP	DENVER CO 80209	2.4 CITY-ST-ZIP	Little Rock, AR: 72202
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, GUY M	3.2 NAME	
STREET ADDRESS	1000 NORTH ADAMS STREET	3.3 STREET ADDRESS	735 South Ogden Street
CITY-ST-ZIP	DENVER CO 80209	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, BLAIR M	4.2 NAME	
STREET ADDRESS	985 BOSWELL STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	BATESVILLE AR	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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

CARL F. ARNOLD

1/20/95

904-387-4963