

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K18983**

(2)

1. Corporation Name

ARNOLD MANAGEMENT CORPORATION

Principal Executive Office

**1648 OSCEOLA STREET
JACKSONVILLE FL 32204**

Mail to Address

**1648 OSCEOLA STREET
JACKSONVILLE FL 32204**

2. Principal Place of Business

2a. Mailed Address

21 State: **FL**

26 State: **FL**

22 City & State: **JACKSONVILLE FL**

27 City & State: **JACKSONVILLE FL**

23 Zip: **32204**

28 Zip: **32204**

24 Country: **USA**

29 Country: **USA**

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (If O. Box Number is Not Applicable)

83

84 City

FL 85 Zip Code

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by Chapter 607, Florida Statutes, and that the same has been filed with the Division of Corporations, Department of State, at the State Capitol Building, Tallahassee, Florida.

SIGNATURE

12. Name

**DP
ARNOLD, CARL F.
1648 OSCEOLA STREET
JACKSONVILLE FL**

[] Change [] Addition

**D
ARNOLD, WILLIAM S
2400 RIVERFRONT DRIVE, #1211
LITTLE ROCK AR**

[] Change [] Addition

**D
ARNOLD, GUY M
735 SOUTH OGDEN STREET
DENVER CO**

[] Change [] Addition

**D
ARNOLD, M. B
985 BOSWELL STREET
BATESVILLE AR**

[] Change [] Addition

13. Name

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by Chapter 607, Florida Statutes, and that the same has been filed with the Division of Corporations, Department of State, at the State Capitol Building, Tallahassee, Florida.

15. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by Chapter 607, Florida Statutes, and that the same has been filed with the Division of Corporations, Department of State, at the State Capitol Building, Tallahassee, Florida.

16. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct copy of the annual report of the corporation as required by Chapter 607, Florida Statutes, and that the same has been filed with the Division of Corporations, Department of State, at the State Capitol Building, Tallahassee, Florida.

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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[] Change [] Addition

**224 North Spruce Street
Little Rock, AR 72205**

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

CR2E034 (12/95)

1/29/96 904-387-4963