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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

•	1996	DIVISION OF C	ORPORATIONS		
1. Corporation		69 (4)			
ARBU	CKLE & ARBUCKLE, INC.			. 1881 611 611 6114 1800 HOGE 61	!! ! ! ! !! \$!!!! !!!!! !!!!!! !!!!!!!!!!
Principal Place	of Business	Mailing Address			
409 5TH AV Indialanth		409 5TH AVE INDIALANTIC FL 32903			
				3. Date Incorporated or Qualified 04/27/1990	3a. Date of Last Report 05/01/1995
 Principa! Pla 21 	ace of Business	2a, Mailing Address 26		4. FEI Number 59-3009516	Applied For Not Applicable
Suite, Apt. #	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		Soud 200	or decrease in a square in	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Send 200 Secretary State SIGN Sefore.	191		□No
	g. Name and Address of Currer	Secretary	$\frac{1}{2}$	10. Name and Address of New F	Registered Agent
ARBUC	CKLE, KENNETH A	State,	reet Addi	ress (P.O. Box Number is Not Acceptat	nle)
409 5T	H AVE	SIGN			
INDIAL	ANTIC FL 32903	resore.	5-1-46		
		20 13	المراح المراح		FL 85 Zip Code
or register	ed agent, or both, in the State of Flori	da. Such change was authorized	the above-named corpor by the corporation's boa	ration submits this statement for the purific of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
familiar wit	h, and accept the obligations of, Sect	ion 607.0505, Florida Statutes.	,		
SIGNATURE	Signature, typed or printed name of registered agent		Registered Agent signature require		DATE
12.	OFFICERS AN	D DIRECTORS Fili Delete	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE NAME	ARBUCKLE, KENNETH A		12 NAME		
STREET ADDRESS	301 SHANNON		1 3 STREET ADDRESS		1
CITY - ST - ZIP	MELBOURNE BEACH FL		1.4 CITY - ST - ZIP		
TOTLE		☐ DELETE	2 1 TITLE		Change Addition
NAME CLOCKE ADDRESS			2 2 NAME 2 3 STREET ADDRESS		
STREET ADDRESS CITY-ST-7IP			2 4 CHY-S1-ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAMÉ			3 2 NAME		***
SIREET ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3 4 CITY-ST-ZIP 4 1 TITLE		Change Addition
NAME			4.2 NAME		C. C
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS 5 4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHY-SI-ZIP	y cartify that the information supplied	with this films is valuntarily furnish	6.4 CITY-ST-ZIP	for the exemption stated in Section 119	07/3)/ki Florida Statutos Uturthor
certify that	the information indicated on this annu	ual report or supplemental annua	al report is true and accura	for the exemption stated in Section 119 ate and that my signature shall have the is report as required by Chanter 607. Fi	same legal effect as if made under
oatn; that appears in	rain an oniger or director of the corpo Block 12 or Block 73 if changed or c	mation of the receiver or trustee on all attachment with an address	empowered to execute thiss.	is report as required by Chapter 607, Fl	Crica statutes, and that my haine
CICNAT	upt. No week		DDB KALL	ETH ADRIVITE	4/28/2 984 14m
SIGNATURE: SIGNATURE: SIGNATURE OF PRINTED THAT OF SIGNING OFFICER OF DIRECTOR DIRECTOR DIRECTOR DIRECTOR					