SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUN 29 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23318 (1)

1. Corporation Name
ARLINGTON LIONS CLUB HOLDING CORPORATION

Principal Place of Business
ARLINGTON LIONCE CLUB HOLDING CORP
6523 COMMERCE STREET
JACKSONVILLE FL 32211
US

Mailing Address
ARLINGTON LIONS CLUB
~~C/O F. E. FOWLER~~ HOLDING CORP.
6523 COMMERCE ST.
JACKSONVILLE FL 32211
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1850939 (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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes / No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 ARLINGTON LIONS CLUB
27 Suite, Apt. #, etc. HOLDING CORP 6523 COMMERCE ST.
28 City & State JACKSONVILLE FL.
29 Zip 32211
30 Country DUVAL/USA

9. Name and Address of Current Registered Agent
SCHUSTER, GARY N
6523 COMMERCE ST
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent
81 Name MAYS, PRESTON H.
82 Street Address (P.O. Box Number is Not Acceptable) 6523 COMMERCE ST.
83
84 City JACKSONVILLE FL 85 Zip Code 32211

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE PRESTON H. MAYS PRESIDENT Preston H. Mays 6-26-95
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	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	SCHUSTER, G. N.	12 NAME	MAYS, PRESTON H.	
STREET ADDRESS	6523 COMMERCE STREET	13 STREET ADDRESS	6523 COMMERCE ST.	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	JACKSONVILLE FL. 32211	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	MOULTRIE, MARVIN P.	22 NAME	HOWARD, PARKER	
STREET ADDRESS	6523 COMMVERCE ST.	23 STREET ADDRESS	6523 COMMERCE ST	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	JACKSONVILLE FL. 32211	
TITLE	SD	31 TITLE	VD	☒ Change ☐ Addition
NAME	HELMLY, DONALD L	32 NAME	MOULTRIE, MARVIN P.	
STREET ADDRESS	6523 COMMERCE STREET	33 STREET ADDRESS	6523 COMMERCE ST.	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	JACKSONVILLE FL. 32211	
TITLE	TD	41 TITLE	SD	☒ Change ☐ Addition
NAME	MAYS, PRESTON	42 NAME	HELMLY, DONALD L.	
STREET ADDRESS	6523 COMMERCE STREET	43 STREET ADDRESS	6523 COMMERCE ST.	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	JACKSONVILLE FL. 32211	
TITLE	D	51 TITLE	TD	☒ Change ☐ Addition
NAME	MANCIL, WAYNE	52 NAME	LAKE MILO G.	
STREET ADDRESS	6523 COMMERCE STREET	53 STREET ADDRESS	6523 COMMERCE ST.	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	JACKSONVILLE FL. 32211	
TITLE	VD	61 TITLE	D	☒ Change ☐ Addition
NAME	HOWARD, PARKER	62 NAME	EWING, LARRY	
STREET ADDRESS	6523 COMMERCE STREET	63 STREET ADDRESS	6523 COMMERCE ST.	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	JACKSONVILLE FL. 32211	

pd 7/27

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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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Preston H. Mays 6-8-95 (904) 744-9844
PRESTON H. MAYS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002042