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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N23318

1. Corporation Name
ARLINGTON LIONS CLUB HOLDING CORPORATION

Principal Place of Business	Mailing Address
ARLINGTON LIONS CLUB HOLDING CORP. 6523 COMMERCE STREET JACKSONVILLE FL 32211 US	ARLINGTON LIONS CLUB HOLDING CORP. 6523 COMMERCE STREET JACKSONVILLE FL 32211 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	11/04/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1850939 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MAYS, PRESTON H
6523 COMMERCE ST
JACKSONVILLE FL 32211

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 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 Preston H. Mays 4-5-99
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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MAYS, PRESTON H.		1.2 NAME	
STREET ADDRESS	6523 COMMERCE ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HOWARD, PARKER		2.2 NAME	
STREET ADDRESS	6523 COMMERCE ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONMVILLE FL 32211		2. 4 CITY-ST-ZIP	
TITLE	S	☒ DELETE	3.1 TITLE	SECRETARY ☒ Change ☐ Addition
NAME	COSTELLO, SAM		3.2 NAME	KOWKABANY, MITCHELL N.
STREET ADDRESS	6523 COMMERCE ST		3.3 STREET ADDRESS	6523 COMMERCE ST
CITY-ST-ZIP	JACKSONVILLE FL 32211		3.4. CITY-ST-ZIP	JACKSONVILLE FL 32211
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LAKE, MILO G		4. 2 NAME	
STREET ADDRESS	6523 COMMERCE ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	EWING, LARRY		5.2 NAME	
STREET ADDRESS	6523 COMMERCE ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Preston H. Mays PRESTON H. MAYS REQUIRED 4-5-99 (904) 744-9844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)