FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:11

DOCUMENT # N23987 (3)

1. Corporation Name
ARLINGTON HOUSE, INC.

Principal Place of Business	Mailing Address
203 S. MOODY RD. PALATKA FL 32177	613 ST. JOHNS AVE. PALATKA FL 32177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1987
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2738029 ☐ 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 ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 203 S. Moody Rd.	26 613 St.Johns Ave.
22 Suite, Apt. #, etc.	27 Ste. 101
23 City & State: Palatka, Florida	28 City & State: Palatka, Florida
24 Zip: 32177 25 Country: Putnam	29 Zip: 32177 30 Country: Putnam

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALLEN, BETTY L. 203 S. MOODY RD. PALATKA FL 32177	81 Name: Jack W. Allen 82 Street Address (P.O. Box Number is Not Acceptable): 203 S. Moody Rd. 83 84 City: Palatka, Florida FL 85 Zip Code: 32177

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: Betty L. Allen
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		☐ Change ☐ Addition
NAME	ALLEN, BETTY L	12 NAME		
STREET ADDRESS	203 S. MOODY ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	HEBERT, BARBARA A.	22 NAME	Robert F. Allen	
STREET ADDRESS	203 S. MOODY ROAD	23 STREET ADDRESS	203 S. Moody Rd.	
CITY-ST-ZIP	PALATKA FL	24 CITY-ST-ZIP	Palatka, Florida 32177	
TITLE	STD	31 TITLE	Treas.	☒ Change ☐ Addition
NAME	ALLEN, JACK W.	32 NAME	Penny Damiani	
STREET ADDRESS	203 S. MOODY ROAD	33 STREET ADDRESS	203 S. Moody Rd.	
CITY-ST-ZIP	PALATKA FL	34 CITY-ST-ZIP	Palatka, Florida 32177	
TITLE		41 TITLE	Sec.	☒ Change ☐ Addition
NAME		42 NAME	Barbara Hebert	
STREET ADDRESS		43 STREET ADDRESS	203 S. Moody Rd.	
CITY-ST-ZIP		44 CITY-ST-ZIP	Palatka, Florida	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	REMITTED BY MAY 1	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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: Betty L. Allen 04-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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