

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED

99 JAN 20 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23987

1. Corporation Name

ARLINGTON HOUSE, INC.

Principal Place of Business

203 S MOODY RD
PALATKA FL 32177
US

Mailing Address

P.O. BOX 2611
PALATKA FL 32178
US



| | | | | | |
|--------------------------------|--|---------------------|--|-----------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 12/21/1987 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-2738029 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | | Zip | | Trust Fund Contribution | |
| 24 | | 29 | | 30 | |
| Country | | Country | | | |
| 25 | | 30 | | | |

9. Name and Address of Current Registered Agent

ALLEN, JACK W
203 S MOODY RD
PALATKA FL 32177

10. Name and Address of New Registered Agent

| | | | |
|----|----------------------------------------------------|-------------------|----|
| 81 | Name | Helen Wells | |
| 82 | Street Address (P.O. Box Number Is Not Acceptable) | 613 St. Johns Ave | |
| 83 | | | |
| 84 | City | Palatka | FL |
| 85 | Zip Code | 32177 | |

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 Helen Wells (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) Helen Wells 1-10-99 DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALLEN, JACK W | 1.2 NAME | 600002754916--5 |
| STREET ADDRESS | 203 S. MOODY ROAD | 1.3 STREET ADDRESS | -01/26/99--01049--008 |
| CITY-ST-ZIP | PALATKA FL 32177 | 1.4 CITY-ST-ZIP | *****70.00 *****70.00 |
| TITLE | STD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EUP, PEARL | 2.2 NAME | |
| STREET ADDRESS | 613 ST JOHNS AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALATKA FL 32177 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARUDA, ALBERT | 3.2 NAME | |
| STREET ADDRESS | 203 S MOODY RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALATKA FL 32177 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-10-99 Daytime Phone # 904-325-8900

0003749

CR2E037 (1/98)