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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
93 FEB -6 PM 12:06

DOCUMENT # N50155 (3)

1. Corporation Name
ARC/NASSAU, INC.

Principal Place of Business	Mailing Address
P.O. BOX 999 YULEE FL 32097	P.O. BOX 999 YULEE FL 32097

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1992
3a. Date of Last Report: 03/30/1994
4. FEI Number: 59-1404429 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WATHKE, ROSEMARY
104 CURNUTTE DRIVE
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent

81 Name: McIntosh, Leo
82 Street Address (P.O. Box Number Is Not Acceptable): 1105 Hamilton Street
83
84 City: Yulee FL 85 Zip Code: 32097

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: Leo P. McIntosh
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	1.1 TITLE	President of the Board	☒ Change ☐ Addition
NAME	WATHKE, ROSEMARY	1.2 NAME	McIntosh, Leo	
STREET ADDRESS	104 CURNUTTE DR.	1.3 STREET ADDRESS	Route 3, Box 838M	
CITY-ST-ZIP	FERNANDIAN BEACH FL 32304	1.4 CITY-ST-ZIP	Hilliard, FL 32046	
TITLE	VD	2.1 TITLE	Vice-President	☒ Change ☐ Addition
NAME	BOHANNON, BARBARA	2.2 NAME	Ezell, Garald	
STREET ADDRESS	107 S. 2ND AVE.	2.3 STREET ADDRESS	108 Rohenlan Lane	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	2.4 CITY-ST-ZIP	Yulee, FL 32097	
TITLE	T	3.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	MCINTOSH, LEO	3.2 NAME	Reilly, Sally	
STREET ADDRESS	RT. 3 BOX 838M	3.3 STREET ADDRESS	128 Long Point Drive	
CITY-ST-ZIP	HILLIARD FL 32046	3.4 CITY-ST-ZIP	Fernandina Beach, FL 32034	
TITLE	S	4.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	SHUMAN, GAIL	4.2 NAME	Gavin, Willie	
STREET ADDRESS	RT. 3 BOX 1060	4.3 STREET ADDRESS	Route 4, Box 925	
CITY-ST-ZIP	CALLAHAN FL 32011	4.4 CITY-ST-ZIP	Callahan, FL 32011	
TITLE	ED	5.1 TITLE	Executive/Director	☒ Change ☐ Addition
NAME	WILLIAMS, EUGENE	5.2 NAME	Joseph Vassalluzzo	
STREET ADDRESS	3750 UNIVERSITY CLUB BLVD SUITE 208	5.3 STREET ADDRESS	P. O. Box 160 N/A	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Yulee, FL 32097	
TITLE	ED	6.1 TITLE		☐ Change ☐ Addition
NAME	VASSALLUZZO, JOSEPH	6.2 NAME		
STREET ADDRESS	P.O. BOX 160 N/A	6.3 STREET ADDRESS		
CITY-ST-ZIP	YULEE FL 32097	6.4 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)(k), 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: Leo P. McIntosh
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0023080