FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N93000003377 (9)**

1. Corporation Name

OLD ARLINGTON INC.

Principal Place of Business	Mailing Address
1222 CLOCK ST. JACKSONVILLE FL 32211	1222 CLOCK ST. JACKSONVILLE FL 32211

3. Date Incorporated or Qualified	3a. Date of Last Report
07/22/1993	04/26/1995

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

4. FEI Number: 59-3193543 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CROSS, MELANIE M
7844 BELLEMEADE BLVD. SOUTH
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 Melanie M. Cross 1-23-96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SMITH, ANDREW J 840 UNIVERSITY BLVD. N. JACKSONVILLE FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition ZIP - 32211
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MATCHETT, STEPHEN W ~~4106 LEEWARD POINT~~ ~~JACKSONVILLE FL 32225~~	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition 3262 UNIVERSITY BLVD. N. JACKSONVILLE, FL 32211
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CREWS, BOB 1437 STARWAN RD., E. JACKSONVILLE FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition ZIP-32211
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BISHOP, WILLIAM H III 110 RIVERSIDE AVENUE JACKSONVILLE FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☒ Change ☐ Addition ZIP-32211
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VREWS, ROBERT M 1437 STARWAN RD. EAST JACKSONVILLE FL	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☒ Change ☐ Addition CREWS, ROBERT M
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CURTIS, DOROTHEA 920 MIDDLETOWN ROAD JACKSONVILLE FL	☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	DP CROSS, MELANIE M. 7844 BELLEMEADE BLVD.S. JACKSONVILLE, FL 32211

CR2E037 (12/95)

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: Melanie M. Cross MELANIE M. CROSS 1/23/96 390-3686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #