


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000005515 (9)			
1. Corporation Name ARLINGTON ALL SPORTS, INC.			
Principal Place of Business 4380 OAK BAY DR. JACKSONVILLE FL 32277		Mailing Address 4380 OAK BAY DR. JACKSONVILLE FL 32277	
2. Principal Place of Business 21 5449 GLORIANNE DR		2a. Mailing Address 26 5449 GLORIANNE DRIVE	
22 JACKSONVILLE FLORIDA		27 JACKSONVILLE FLORIDA	
23 32207 USA		28 32207 USA	
24 32207 USA		29 32207 USA	
25 USA		30 USA	
9. Name and Address of Current Registered Agent MAYS, GEORGE 4380 OAK BAY DR. JACKSONVILLE FL 32277		10. Name and Address of New Registered Agent 81 Name Jesse Reid 82 Street Address (P.O. Box Number is Not Acceptable) 5449 GLORIANNE DRIVE 83 J 84 City Jacksonville FL 85 Zip Code 32207	
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 Jesse Reid JESSE REID, DP 7/2/98 (NOTE: Registered Agent signature required when resigning)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP <input checked="" type="checkbox"/> DELETE NAME MAYS, GEORGE STREET ADDRESS 4380 OAK BAY DR. CITY-ST-ZIP JACKSONVILLE FL 32277		1.1 TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME REID, JESSE 1.3 STREET ADDRESS 5449 GLORIANNE DRIVE 1.4 CITY-ST-ZIP JACKSONVILLE, FLORIDA 32207	
TITLE DV <input checked="" type="checkbox"/> DELETE NAME REID, JESSE STREET ADDRESS 5449 GLORIANNE DR. CITY-ST-ZIP JACKSONVILLE FL 32207		2.1 TITLE DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Pillsbury, Kenneth 2.3 STREET ADDRESS 4309 Maywood DR 2.4 CITY-ST-ZIP Jacksonville, Florida 32277	
TITLE DV <input checked="" type="checkbox"/> DELETE NAME LOYCHE, RONALD STREET ADDRESS 13549 MT. PLEASANT RD. CITY-ST-ZIP JACKSONVILLE FL 32225		3.1 TITLE DV <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME Petry, Lynn 3.3 STREET ADDRESS 5449 447 LAZY MEADOW DR E 3.4 CITY-ST-ZIP Jacksonville, Florida 32225	
TITLE DS <input checked="" type="checkbox"/> DELETE NAME REID, PAT STREET ADDRESS 5449 GLORIANNE DR. CITY-ST-ZIP JACKSONVILLE FL 32207		4.1 TITLE DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME SHERY JENKINS 4.3 STREET ADDRESS 3443 Cullendon Lane 4.4 CITY-ST-ZIP Jacksonville, Florida 32225	
TITLE DT <input checked="" type="checkbox"/> DELETE NAME PILLSBURY, CAROLYN STREET ADDRESS 4309 MAYWOOD DR. CITY-ST-ZIP JACKSONVILLE FL 32277		5.1 TITLE DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME GORDON, NANCY 5.3 STREET ADDRESS 1935 BRISTA DE MAR CIRCLE 5.4 CITY-ST-ZIP ATLANTIC BEACH, FLORIDA 32233	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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. SIGNATURE: Jesse Reid JESSE REID, DP 904- SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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