FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000011762

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90125 039 ***150.00

1. Corporation ARKLA T	ERRA, INC.				•				
Principal Place of Business Mailing Address							11891 (181	18918 8 1	H # 1101 (801
11706 HWY. 301 NORTH 11706 HWY. 301 NORTH THONOTOSASSA FL 33592 THONOTOSASSA FL 33592						DO NOT WRITE IN THIS	SPAC	≣	
-	•					3. Date Incorporated or Qualifed			
						02/03/1993			
Principal Place of Business 2a. Mailing Address						4. FEI Number	T	Appl	lied For
26		├ - ¬ ~				59-5169530	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #						5. Certificate of Status Desired	\$8.	75 Ad	Iditional
22						5. Certicale of Status Desired	F	e Req	uired
City & State	City & State	& State			or Election Campaignt manager				
23	28				Trust Fund Contribution . Added to Fees				
Zip	Country	Zip	_ Cour	ntry		8. This corporation owes the current year in			□No
24	25		10			Personal Property Tax.	☐ Yes	<u> </u>	
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered	- Aguit		
PHILI	LIPS, A. BURT K								
11706 N HWY 301 THONOTOSASSA FL 33592				82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
			}	83					
				84	City	Fl		Zip Co	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligations.	if Florida. Such change was aut	horized	DV 1	the corporation	ration submits this statement for the purpose o 's board of directors. I hereby accept the appo	changii intment	ng its re as regi	egistered stered
SIGNATURE	·					when reinstating) DATE			i
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	Agent	t signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRI	CTOR	RS IN 12
TITLE	P	DELETE		1,1 TITLE			☐ Ch		Addition
NAME	PHILLIPS, A. BURT	_		ME					Į.
STREET ADDRESS			1,3 STF	REET	ADDRESS				1
CITY-ST-ZIP			1,4 CIT						
TITLE			2.1 TITI			,	Ch	ange	☐ Addition
NAME	PHILLIPS, MARY E		2.2 NA	ME					ì
STREET ADDRESS			2.3 STF	2.3 STREET ADDRESS					1
) CITY-ST-ZIP			2. 4 CIT	2. 4 CITY-ST-ZIP					
tπLE			3.1 T/TI	LE		فوي مسعده ۱۰	∵ □ Ch	ange "	Addition -
NAME	PHILLIPS, JOHN		3.2 NA	3.2 NAME					
STREET ADORESS	11706 HWY. 301 NORTH		3.3 STF	REET	ADDRESS				
CITY-ST-ZIP	THONOTOSASSA FL 33592		3,4. CIT	TY-S1	T-ZIP				—
TITLE		☐ DELETE	4.1 717				∏ Ch	ange	Addition
NAME			4, 2 NA	MÉ					
STREET ADDRESS			1		ADDDEDE				
			4.3 STI	REET	ADURESS				1
CITY-ST-ZIP			4.4 CIT	Y-ST					□ Addition
CITY-ST-ZIP TITLE	1 .	☐ DELETE	4.4 CIT	Y-ST LE			□ Ch	ange	☐ Addition
	,	☐ DELETE	4.4 CIT 5.1 TIT 5.2 NA	Y-ST LE ME	T-ZIP		□ Ch	ange	☐ Addition \
TITLE		☐ DELETE	4.4 CIT 5.1 TIT 5.2 NA 5.3 STE	Y-ST LE ME REET	ADDRESS		_ Ch	ange	Addition \
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TIT 5.2 NA 5.3 STF 5.4 CIT	Y-ST LE ME REET Y-ST	ADDRESS		_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	5.1 TIT 5.2 NA 5.3 STF 5.4 CIT 6.1 TIT	Y-ST LE ME REET Y-ST LE	ADDRESS		□ Ch		Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 ·		4.4 CIT 5.1 TIT 5.2 NA/ 5.3 STF 5.4 CIT 6.1 TIT 6.2 NA/	Y-ST LE ME REET Y-ST LE	ADDRESS		_		

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 607, 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. CITY-ST-ZIP

SIGNATURE: