FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 24 AM 8:31

DOCUMENT # **P93000014775 (9)**

1. Corporation Name

ARCO ENTERPRISES, INC.

Principal Place of Business	Mailing Address
6408 EAST FOWLER AVENUE TAMPA FL 33617	6408 EAST FOWLER AVENUE TAMPA FL 33617

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 Suite, Apt. #, etc: 10320 N. 56th Street
22 Suite, Apt. #, etc: Suite C
23 City & State: Temple Terrace, FL
24 Zip: 33617
25 County: USA

2a. Mailing Address
26 Suite, Apt. #, etc: P. O. Box 16404
27 Suite, Apt. #, etc:
28 City & State: Temple Terrace, FL
29 Zip: 33687
30 County: USA

4. FEI Number: 59-3167703 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ XX $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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LANGSHAW, H. E
6408 EAST FOWLER AVENUE
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name: Thompson, James
82 Street Address (P.O. Box Number is Not Acceptable): ~~10320 N. 56th Street~~
83 Suite C
84 City: Temple Terrace FL 85 Zip Code: 33617

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: James Thompson — James Thompson — 07/18/95
(Typed or printed name of person signing) (Title if applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition PD
NAME	LANGSHAW, H. E	12 NAME	Thompson, James
STREET ADDRESS	6408 EAST FOWLER AVENUE	13 STREET ADDRESS	10320 N. 56th Street, Suite C
CITY-ST-ZIP	TAMPA FL 33617	14 CITY-ST-ZIP	~~Temple Terrace, FL 33617~~
TITLE	VP	21 TITLE	☒ Change ☐ Addition VP
NAME	BOLTON, JON C SR	22 NAME	Thompson, James
STREET ADDRESS	6408 EAST FOWLER AVENUE	23 STREET ADDRESS	10320 N. 56th Street, Suite C
CITY-ST-ZIP	TAMPA FL 33617	24 CITY-ST-ZIP	Temple Terrace, FL 33617
TITLE	S	31 TITLE	☒ Change ☐ Addition S
NAME	AKINS, SUSAN	32 NAME	Thompson, James
STREET ADDRESS	6408 EAST FOWLER AVENUE	33 STREET ADDRESS	10320 N. 56th Street, Suite C
CITY-ST-ZIP	TAMPA FL 33617	34 CITY-ST-ZIP	Temple Terrace, FL 33617
TITLE	T	41 TITLE	☒ Change ☐ Addition T
NAME	THOMPSON, JAMES	42 NAME	Thompson, James
STREET ADDRESS	6408 EAST FOWLER AVENUE	43 STREET ADDRESS	10320 N. 56th Street, Suite C
CITY-ST-ZIP	TAMPA FL 33617	44 CITY-ST-ZIP	Temple Terrace, FL 33617
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: James Thompson — James Thompson — 07/18/95 — (813) 980-2503
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0103304 CP