

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000014775 (9)

1. Corporation Name

ARCO ENTERPRISES, INC.



Principal Place of Business

Mailing Address

10320 N 56TH ST
STE C
TEMPLE TERRACE FL 33617
US

PO BOX 16404
TEMPLE TERRACE FL 33687
US

2. Principal Place of Business

21 1426 W BUSCH BLVD
Suite, Apt #, etc.

22 Suite A

23 TAMPA, FL.

24 33612

25 U.S.A.

2a. Mailing Address

26 P.O. BOX 16404

Suite, Apt #, etc.

27 City & State

28 TEMPLE TERRACE, FL.

29 33687

30 U.S.A.

3. Date Incorporated or Qualified

02/26/1993

3a. Date of Last Report

07/24/1995

4. FEI Number

59-3167703

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

X

\$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

THOMPSON, JAMES
10320 N 56TH ST
STE C
TEMPLE TERRACE FL 33617

10. Name and Address of New Registered Agent

81 Name HORACE E. LANGSHAW

82 Street Address (P.O. Box Number is Not Acceptable)
1426 W. BUSCH BLVD.

83 SUITE A

84 City TAMPA

FL

85 Zip Code
33612

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 *H.E. Langshaw*
(Signature, typed or printed name of registered agent and title if applicable)

H.E. LANGSHAW PRES. 8/5/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME THOMPSON, JAMES
STREET ADDRESS 10320 N 56TH ST STE C
CITY-ST-ZIP TEMPLE TERRACE FL
☐ DELETE

TITLE VST
NAME THOMPSON, JAMES
STREET ADDRESS 10320 N 56TH ST STE C
CITY-ST-ZIP TEMPLE TERRACE FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD
12 NAME LANGSHAW H.E.
13 STREET ADDRESS 1426 W. BUSCH BLVD.
14 CITY-ST-ZIP TAMPA, FL. 33612
☒ Change ☐ Addition

21 TITLE VST
22 NAME LANGSHAW H.E.
23 STREET ADDRESS 1426 W. BUSCH BLVD
24 CITY-ST-ZIP TAMPA, FL. 33612
☒ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
☐ Change ☐ Addition

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, unchanged, or on an attachment with an address.

SIGNATURE: *H.E. Langshaw*
(Signature and typed or printed name of signing officer or director)

H.E. LANGSHAW 8/5/96 (813) 980-2503
(Type) (Typed Name)

CR2E034 (3/96)