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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPA[illegible]NT OF STATE
Sandra [illegible]tham
Secret[illegible] State
DIVISION OF [illegible]PORATIONS

APPROVED AND FILED

95 APR 25 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000040138 (8)**

1. Corporation Name

ARALCO FLORIDA INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
26324 HONG KONG ROAD PUNTA GORDA FL 33983	26324 HONG KONG ROAD PUNTA GORDA FL 33983

3. Date Incorporated or Qualified: **06/01/1993**
3a. Date of Last Report: **04/14/1994**

2. Principal Place of Business	2a. Mailing Address
21	28 891 BOOTHMA[illegible] AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 BURLINGTON [illegible]NTARIO
Zip 24 / Country / 25	Zip 29 L7T 1P3 / Country CANADA

4. FEI Number: **65-0422935** ☐ 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	10. Name and Address of New Registered Agent
KELLY, RALPH 3080 GREY HERON CIRCLE VENICE FL 34293	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	PSD ☒ Change ☐ Addition
NAME	KESLLEHER, TERRENCE C	12 NAME	KELLEHER TERRENCE C
STREET ADDRESS	26324 HONG KONG RD	13 STREET ADDRESS	891 BOOTHMAN AVE
CITY ST ZIP	PUNTA CORDA FL	14 CITY ST ZIP	BURLINGTON ON CAN L7T 1P3
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
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: T.C. KELLEHER APRIL 17 '95 905-529-5644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

039A01B CP