


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 17 1998 8:00am  
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1998   |  |  |   | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS                 |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # P93000043780 (4)</b>  |  |   |   |  |  |
| 1. Corporation Name<br><b>ARLINGTON ROLLE CITRUS, INC.</b>  |  |   |   |  |  |
| Principal Place of Business<br><b>1906 MONTE CARLO TRAIL<br/>ORLANDO FL 32805</b>   |  |   | Mailing Address<br><b>1906 MONTE CARLO TRAIL<br/>ORLANDO FL 32805</b> |  |  |
| 2. Principal Place of Business  |  |   |   |  |  |
| 21. Suite, Apt. #, etc.   |  | 26. Suite, Apt. #, etc.   |   | 2. Date Incorporated or Qualified<br><b>06/14/1993</b>   |  |
| 22. City & State  |  | 27. City & State  |   | 4. FEI Number<br><b>59-3220796</b>   |  |
| 23. Zip   |  | 28. Zip   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required                    |  |
| 24. Country   |  | 29. Country   |   | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |
| 9. Name and Address of Current Registered Agent<br><b>MCCORMICK, JOHN M<br/>501 E. CHURCH STREET<br/>ORLANDO FL 32801</b>   |  |   | 10. Name and Address of New Registered Agent                          |  |  |
| 81. Name  |  |   | 82. Street Address (P.O. Box Number is Not Acceptable)                |  |  |
| 83. City  |  |   | 84. City  |  |  |
| 85. Zip Code  |  |   | 86. State   |  |  |
| 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 <i>John M. McCormick</i> (NOTE: Registered Agent signature required when reinstating) DATE <b>7/19/98</b>   |  |   |   |  |  |
| 12. OFFICERS AND DIRECTORS  |  |   |   |  |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |   |   |  |  |
| 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |  |  |
| 1.2 NAME  |  |   |   |  |  |
| 1.3 STREET ADDRESS  |  |   |   |  |  |
| 1.4 CITY-ST-ZIP   |  |   |   |  |  |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |  |  |
| 2.2 NAME  |  |   |   |  |  |
| 2.3 STREET ADDRESS  |  |   |   |  |  |
| 2.4 CITY-ST-ZIP   |  |   |   |  |  |
| 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |  |  |
| 3.2 NAME  |  |   |   |  |  |
| 3.3 STREET ADDRESS  |  |   |   |  |  |
| 3.4 CITY-ST-ZIP   |  |   |   |  |  |
| 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |   |   |  |  |
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| 5.3 STREET ADDRESS  |  |   |   |  |  |
| 5.4 CITY-ST-ZIP   |  |   |   |  |  |
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| 6.2 NAME  |  |   |   |  |  |
| 6.3 STREET ADDRESS  |  |   |   |  |  |
| 6.4 CITY-ST-ZIP   |  |   |   |  |  |



DO NOT WRITE IN THIS SPACE

CR2E034 (5/98)

SIGNATURE: *John M. McCormick*

7/19/98