

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED  
AND  
FILED

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

96 MAY 10 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000077365 (3)

1. Corporation Name

ARNOLD MANAGEMENT AND ACCOUNTING SERVICES, INC.



Principal Place of Business

3504 SHERYL HILL DRIVE  
HOLIDAY FL 34691

Mailing Address

3504 SHERYL HILL DRIVE  
HOLIDAY FL 34691

3. Date Incorporated or Qualified  
11/09/1993

3a. Date of Last Report  
02/13/1995

2. Principal Place of Business  
21 28104 S.W. 114<sup>th</sup> Place

2a. Mailing Address  
26 28104 S.W. 114<sup>th</sup> Place

4. FEI Number  
59-3231052

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

City & State  
23 Newberry, Florida

City & State  
28 Newberry, Florida

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

Zip  
24 32669

Country  
25 Alachua

Zip  
29 32669

Country  
30 Alachua

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

ARNOLD, EVELYN  
3504 SHERYL HILL DRIVE  
HOLIDAY FL 34691

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
28104 S.W. 114<sup>th</sup> Place

83

84 City  
Newberry

FL

85 Zip Code  
32669

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

Signature typed or printed name of registered agent (if not applicable)

Signature typed or printed name of registered agent (if not applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
ARNOLD, EVELYN  
3504 SHERYL HILL DRIVE  
HOLIDAY FL ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
28104 S.W. 114<sup>th</sup> Place  
Newberry, FL. 32669 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
500001826366  
-05/17/96--01025--019  
\*\*\*\*225.00 \*\*\*\*225.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
PR55/10 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Evelyn Arnold

4-30-96 (352)472-4075

CR2E034 (12/95)