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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000015437 (4)
1. Corporation Name

A & R MAINTENANCE BOATWRIGHT CONSTR. INC.

| 1010 COHASSETT AVENUE | 1010 COHASSETT AVENUE |
|-----------------------------|-----------------------|
| LAKE WALES FL 33853 | LAKE WALES FL 33853 |
| Principal Place of Business | Mailing Address |



| | | | | | | 3. Date incorporated or Qualified 3a. Date of Last Report 05/01/1995 | | | |
|-------------------------|--|--------------------------|---------------------|---------|-------------------------|--|---|---------------------------------|--|
| 2. Principal Pla | ace cf Business | 2a. Mailing Addres | SS | | | 4. FEI Number 65-0476196 | | Applied For | |
| Suite, Apt. | # etc | Suite, Apt. #. | ato. | | | 00 0410 180 | | Not Applicable | |
| 22 | | 27 Suite, Apr. #, 6 | Suite, Apr. #, etc. | | | 5. Certificate of Status Desired | | 3.75 Additional Fee Required | |
| City & State City & Sta | | | | | | 6. Election Campaign Financing | \$! | 5.00 May Be | |
| 23 | · | 28 | | | | Trust Fund Contribution | | dded to Fees | |
| Zip | Country | Zip | Cou | ntry | | 8. This corporation has liability for | | ers 199.032, | |
| 24 | 25 | 29 | 30 | | | | □No | | |
| | 9. Name and Address of Currer | nt Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| | | | | 81 | Name | | | | |
| | M OF LAWRENCE J. SPIEGEL (| CHARTERED | | 62 | Street Addre | dress (P.O. Box Number is Not Acceptable) | | | |
| | eria avenue | | | | | areat Address (1.0.1 Dex 1401 Dex 15 1401 Acceptable) | | | |
| CORAL G | GABLES FL 33134 | | | 83 | | | | | |
| ı | | | | 84 | City | | FI 85 | Zip Code | |
| 11. Pursuant t | o the provisions of Sections 607,0502 | and 607.1508. Florida | Statutes the abo | ve-n | named corporal | tion submits this statement for the pur | moss of changing | ite registered office | |
| or registere | ed agent, or both, in the State of Flori h, and accept the obligations of, Sect | da. Such change was at | Jithorized by the c | orpo | oration's board | d of directors. I hereby accept the appoint | pose of changing pintment as registe | ered agent. I am | |
| SIGNATURE | Signature, typed or printed name of registered agent | and little if applicable | (NOTE: Registered | Agen | it signature required v | when reinstating | DATE | | |
| 12. | OFFICERS AN | | 13. | | | ADDITIONS/CHANGES TO OFFI | CERS AND DIREC | CTORS IN 12 | |
| TITLE | P | DELET | 1.11 | TLE | | | ☐ Char | | |
| NAME | GOODE, JOSEPH E | | 1 2 NA | ME | | | | · – | |
| STREET ADDRESS | 1010 COHASSETT AVENUE | | 13 ST | REET | ADDRESS | | | | |
| CITY-ST-ZIP | LAKE WALES FL 33853 | | 1.4 01 | IV - S. | T - 71P | | | | |
| DILE | | DELET | | | | | [] Char | nge 🗍 Addition | |
| NAME | | | 2 2 NA | ME | ļ | | _ | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY - S1 - ZIP | | | 2.4 CII | | | | | | |
| TITLE | | ☐ DELET | | | | | ☐ Chan | nge | |
| NAME | | _ | 3.2 NA | ME | l | | | | |
| STREET ADDRESS | | | • | | ADDRESS | | | | |
| CHY-ST-ZIP | | | 3.4 CIT | | | | | | |
| TITLE | | ☐ DELETI | | | | | [] Chan | nge | |
| NAME | | _ | 4 2 NA | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | 4 4 CIT | | | | | | |
| TITLE | | DELETE | | | | | [] Chan | nge 🔲 Addition | |
| NAME | | _ | 5.2 NA | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.5 GT | | | | | | |
| TITLE | | ☐ DELETE | | • | 4-11 | | [] Chan | age Addition | |
| NAME. | | - اسم | 6.2 NA | | | | | An Dispution | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | | | i i | | | | |
| VILLE OF THE | | | 6.4 CIT | 1-51 | £0° | | | | |

14. I do hereby cert fy that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)[k), Fiorida 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 catti, that I am an officer or director of the corporation or the receiver or to step 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 air addition.

SIGNATURE(

IGNING OFFICER OR DIRECTOR

41-23-96 676-8445-