FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000027835 (5)**

1. Corporate Name

ARROW INVESTMENT GROUP, INC.

Principal Place of Business	Mailing Address
28050 U.S. HIGHWAY 19 NORTH CORPORATE SQUARE, SUITE #304 CLEARWATER FL 34621	28050 U.S. HIGHWAY 19 NORTH CORPORATE SQUARE, SUITE #304 CLEARWATER FL 34621

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2615 CINDY PLACE	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HOLIDAY, FLORIDA	City & State 28
Zip 24 34691 Country 25 USA	Zip 29 Country 30

3. Date Incorporated or Qualified: 04/08/1994
3a. Date of Last Report: N/A
4. FEI Number: 59-3309471 ☐ 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
HAMMER, HAROLD H JR. 28050 U.S. HIGHWAY 19 NORTH CORPORATE SQUARE, SUITE #304 CLEARWATER FL 34621	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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	1 1 TITLE	* REMOVE * ☑ Change ☐ Addition
NAME	~~BARSANTI, PATRICIA R~~	1 2 NAME	BARSANTI, PATRICIA R
STREET ADDRESS	~~1631 WINDEMERE COURT~~	1 3 STREET ADDRESS	1631 WINDEMERE COURT
CITY ST ZIP	~~NEW PORT RICHEY FL 34655~~	1 4 CITY ST ZIP	NEW PORT RICHEY, FL. 34655
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	BLIZZARD, DARLENE M	2 2 NAME	
STREET ADDRESS	2615 CINDY PLACE	2 3 STREET ADDRESS	
CITY ST ZIP	HOLIDAY FL 34690	2 4 CITY ST ZIP	
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	BLIZZARD, WILLIAM H	3 2 NAME	
STREET ADDRESS	2615 CINDY PLACE	3 3 STREET ADDRESS	
CITY ST ZIP	HOLIDAY FL 34690	3 4 CITY ST ZIP	
TITLE		4 1 TITLE	D ☐ Change ☑ Addition
NAME		4 2 NAME	RICHARD T. BLIZZARD
STREET ADDRESS		4 3 STREET ADDRESS	5999 So. SANFORD AVE.
CITY ST ZIP		4 4 CITY ST ZIP	SANFORD, FL. 32773
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 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)(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: Darlene M. Blizzard 4/24/95 (813) 943-8028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DARLENE M. BLIZZARD, DIRECTOR

DATE — Daytime Phone #

0367877 CP