

Entity Name  
**ENTERPRISES, INC.**  
**ARIG Enterprises, Inc.**

Principal Place of Business  
**9 SOUTHSORE DRIVE**  
**LAND-O-LAKES FL 34639-4727**

Mailing Address  
**22539 SOUTHSORE DRIVE**  
**LAND-O-LAKES FL 34639-4727**

Principal Place of Business  
**22539 Southshore DR**

Suite, Apt. #, etc.  
**Hand-O-Lakes**

City & State  
**Land-O-Lakes**

Zip  
**FL 34639**

6. Name and Address of Current Registered Agent  
**HEAR, ROBERT L**  
**90 SUNSET POINT RD**  
**SEARWATER FL 33759**

APPROVAL AND FILED  
02 JUL 24 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DO NOT WRITE IN THIS SPACE  
FBI Number **59-3235116**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

NATURE  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐  
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ET ADDRESS ST-ZIP	PD GIALLANZA, ANTHONY J 22539 SOUTHSORE DRIVE LAND-O-LAKES FL 34639-4727 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP	T GIALLANZA, JOSEPH 22539 SOUTHSORE DR LAND O LAKES FL 34639 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP	S GIALLANZA, GEORGINA 22539 SOUTHSORE DR LAND O LAKES FL 34639 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP	VP GRALLANZA, CHRISTINE 10213 ALTA VISTA TAMPA FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ET ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: **4-25-02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

July 16, 2002

Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

ATTENTION REINSTATEMENT DEPARTMENT

Dear Ula:

I am sending another payment for my Corporation renewal. My first payment has been lost in the mail. I checked with my accountant and he said that they haven't cleared yet. I sent all four in on time.

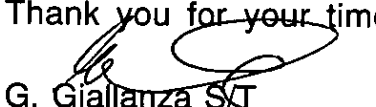
If you do receive my checks please advise as I have not had them returned to me.

I am asking that you please not charge me the \$400 penalty. I am very sorry that this happened but I did mail on time.

I cannot find the copy of the one I sent for AGJ so I sent the cover.

Enclosed are all four with new checks.

Thank you for your time and consideration.

  
G. Giallanza S/T  
AGJ, ARG G-Man and Northdale Express  
PHONE 813-996-4353